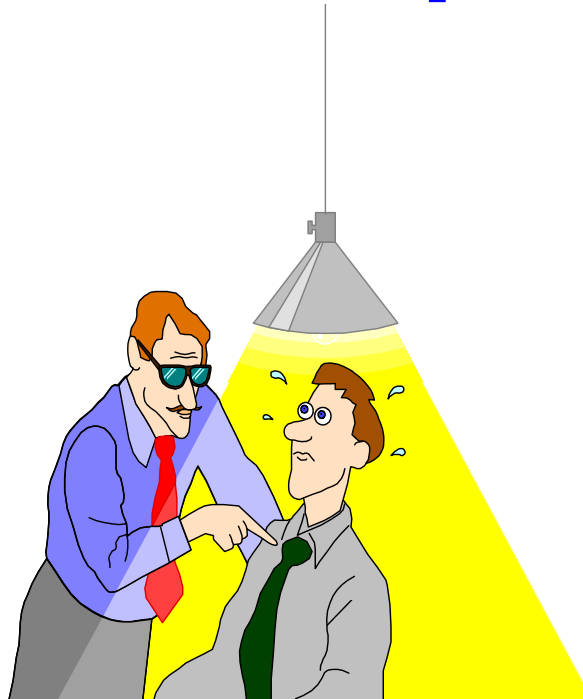


# Review of Day 3



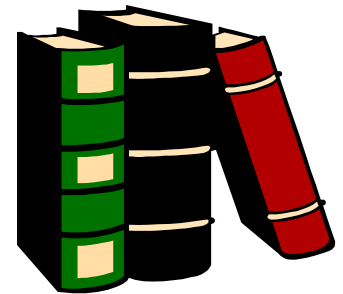
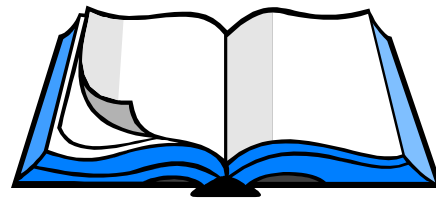
# **DISCIPLINE AND ADVERSE ACTIONS ( Dealing with the Problem Employee )**



# OBJECTIVES

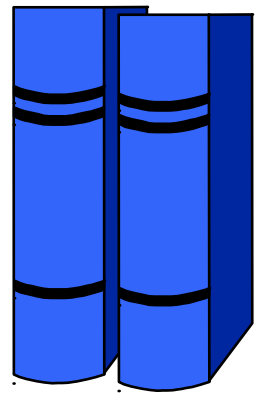
---

- **Explain the different processes for correcting disciplinary problems**
- **Identify and explain the key principles involved in taking corrective action**



# REFERENCES

- **5 Code of Federal Regulations, Part 752**
- **5 Code of Federal Regulations, Part 432**
- **Army Regulation 690-700, Chapter 751**

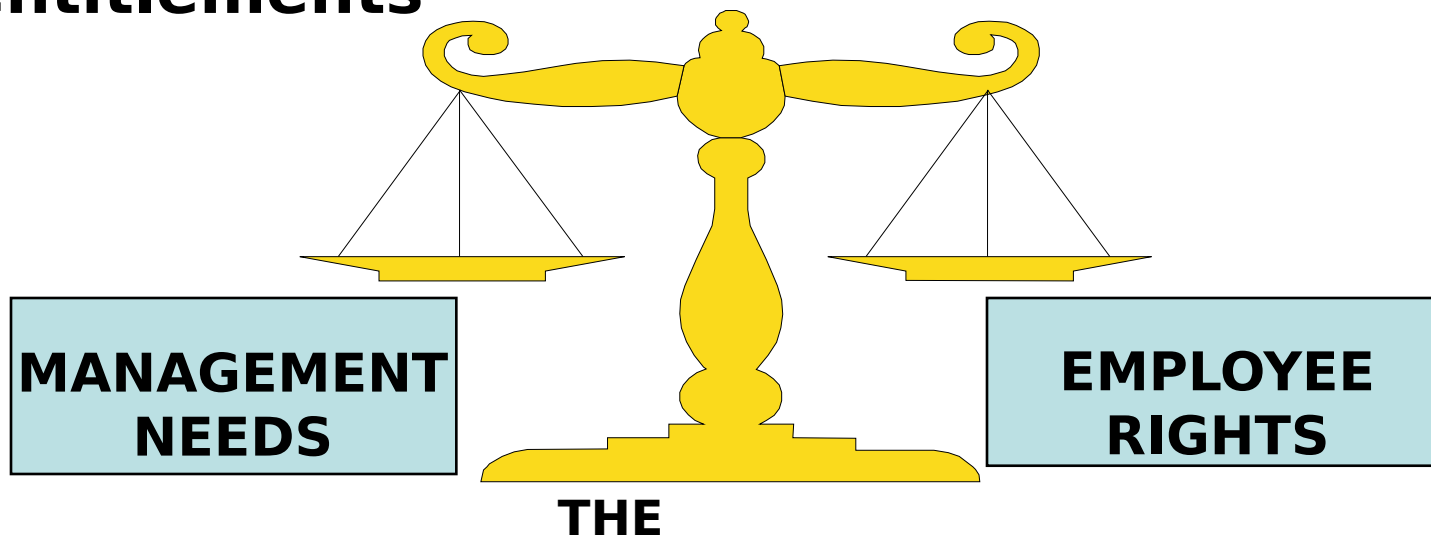


# ROLE OF THE SUPERVISOR

- ◆ **COMMUNICATE** employment policies and conduct/performance expectations.
- ◆ **MAINTAIN** morale among employees.
- ◆ **MOTIVATE** conformance to acceptable standards of conduct and performance.
- ◆ **CORRECT** conduct or performance deficiencies.

# ROLE OF CPAC ADVISOR/HRS

- **Guide and assist management**
- **Prepare disciplinary and adverse action notices**
- **Advise employees of rights and entitlements**



# **ROLE OF EMPLOYEE**

**Report for Duty**

**Ready, Willing and Able to Work**

**Abide by Work Rules**

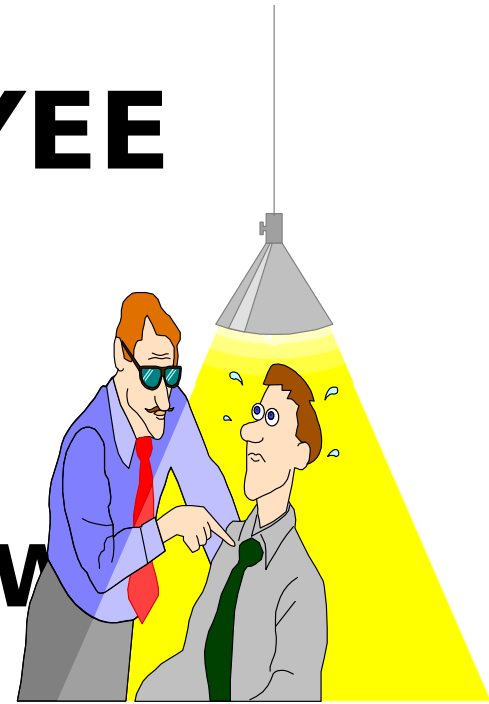
**Perform All Duties Satisfactorily**

**Provide Information to Agency**

**Officials**

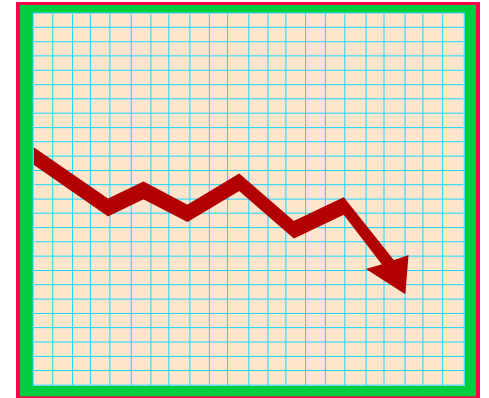
**Conducting Official Inquiries**

**Obey Orders**



# PROBLEM EMPLOYEES IMPACT ON PRODUCTIVITY

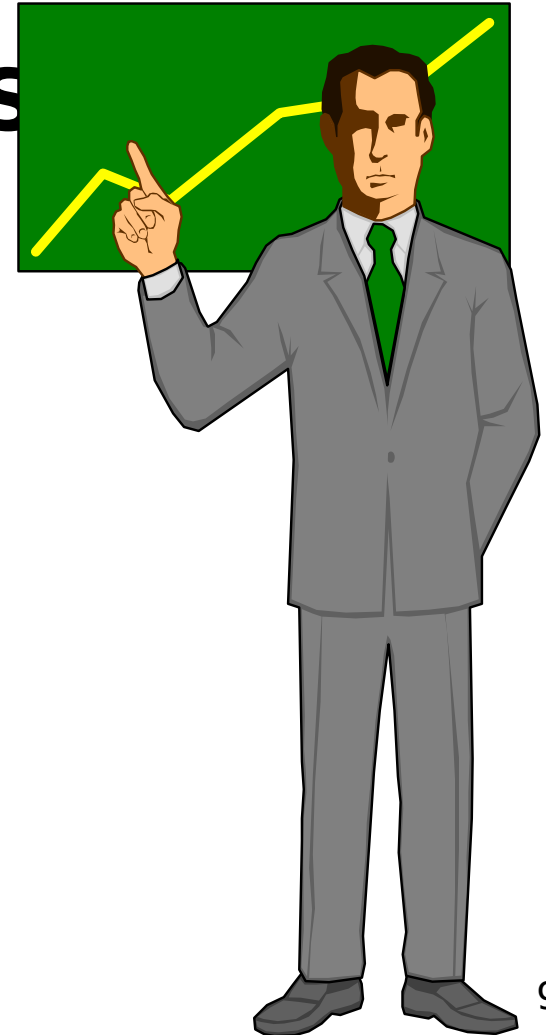
- **Wastes time.**
- **Disrupts the work place.**
- **Brings down morale.**
- **Reduces team performance.**
- **Creates a negative work place.**





# BEFORE RESORTING TO CORRECTIVE ACTION.....

- **Contact your CPAC HRS**
- **Assess your problem employee**
- **Confront the problem early**
- **Monitor the situation**



# ASSESS YOUR PROBLEM EMPLOYEE

---

## What is the issue?.....

- The employee “doesn’t know” → Knowledge
- The employee “can’t do” → Aptitude
- The employee is “not allowed to do” → System problem
- The employee “won’t do” → Attitude

# KEY PRINCIPLE: DISTINGUISHING BETWEEN CONDUCT & PERFORMANCE

---

## CONDUCT

## PERFORMANCE

Type of  
Offense

Won't do it 

Can't do it

Standard

Nexus 

Unacceptable  
performance

Process

Chapter 75 

Chapter 43

Penalty

Suspend 

Cannot  
suspend

MSPB

Mitigate 

Sustain/Overtake  
Review

# WHAT IS MISCONDUCT?

---

**The deliberate or negligent breaking of a rule or requirement.**

**Making Rude Comments**

**Fightin**

**9 Failure to Follow Procedures**

**Insubordinati**

**on**

**Sleeping on Duty**



# **CAUSES OF MISCONDUCT**

---

- **Employee personal problems**
- **Poor attitude toward work**
- **Lax or inconsistent enforcement of rules**
- **Desire for personal gain at the expense of others**
- **Lack of motivation**
- **Bad example set by others**
- **Provocation by supervisors or coworkers**
- **Lack of maturity**
- **Pressure and personal stress**

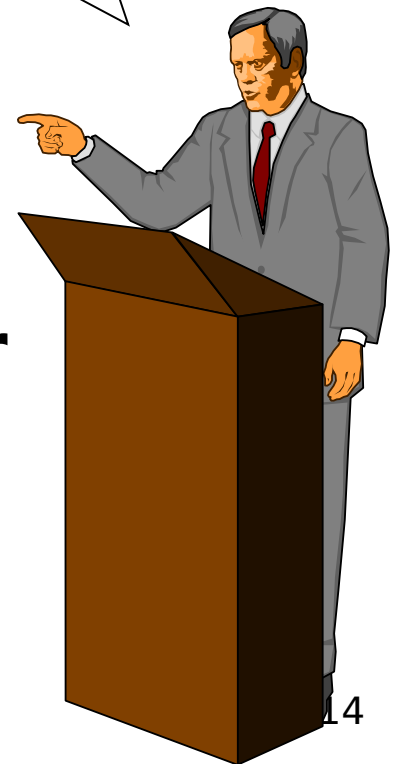
# CONFRONT THE PROBLEM EARLY

---

## Prevents:

- Slowdown in productivity
- The problem from spreading
- A sense of entitlement
- Lower levels of conduct and/or performance from becoming the standard

As the  
supervisor,  
you must act.



# MONITOR THE SITUATION

---

## ➤ **Communicate, Investigate, Act**

- **Do provide immediate feedback.**
- **Do be specific and provide examples.**
- **Do think about what you say.**
- **Do document and keep memory**

- **Don't provide only negative feedback.**
- **Don't jump to conclusions.**
- **Don't overlook the importance of words.**

# EXERCISE TIME

**DISTINGUISHING  
BETWEEN  
CONDUCT &  
PERFORMANCE**





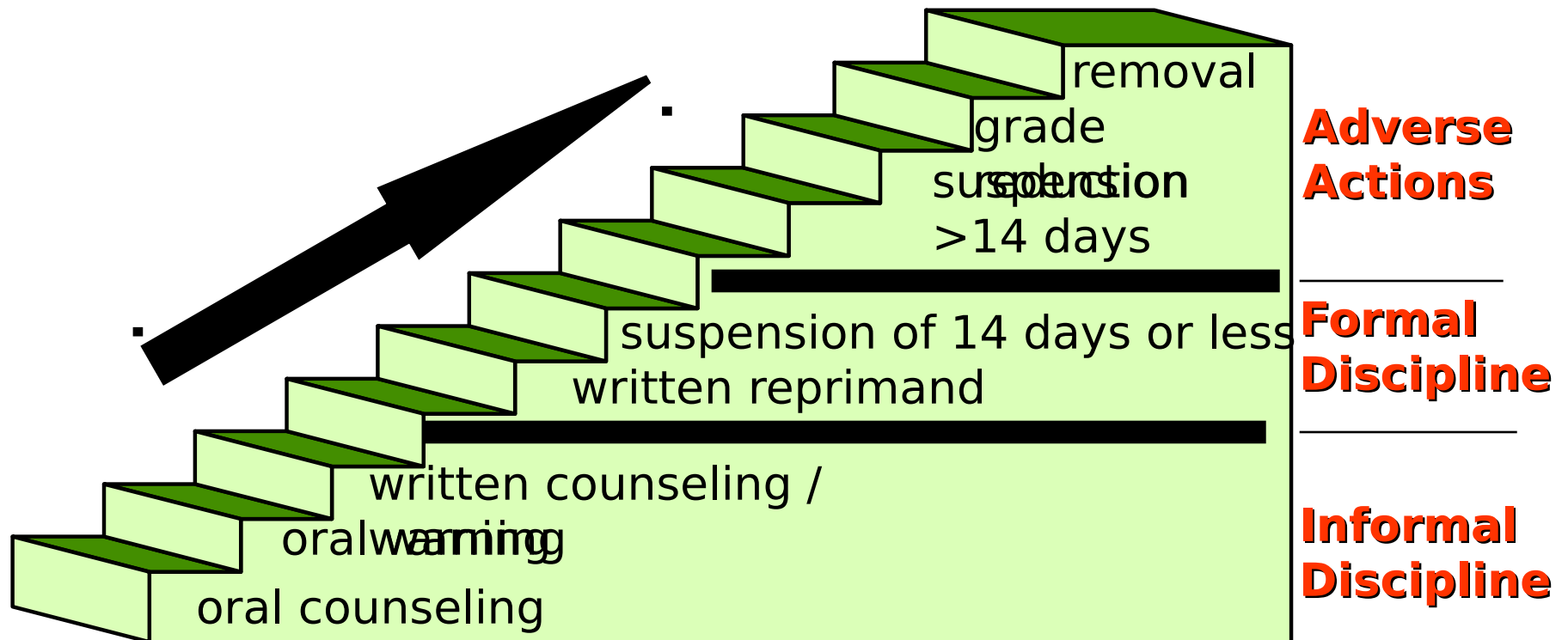
# WHAT IS DISCIPLINE?

- Tool used by supervisors to resolve misconduct & maintain an effective & orderly workplace
- **Corrective** in nature
- Generally, **Progressive**



# KEY PRINCIPLES

## Progressive Discipline



**All Formal Disciplinary Actions Must Be Coordinated With the CPAC**

# KEY PRINCIPLES

---

- **Timely** - action must be taken promptly to be supportable and meaningful.
- **Reasonable** - the penalty must fit the offense.
- **Consistent** - similar penalty for similar offense.
- **Non-discriminatory** - action must

# KEY PRINCIPLES

---

## ➤ **Promote the “Efficiency Of The Service”**

→ The action helps your agency function better.

→ **Nexus** - reasonable connection between the offense and its effect on the job or agency.

## ➤ **Off-Duty Misconduct**

→ “egregious” standard - depending on the<sup>20</sup>

# EXERCISE TIME

**Nexus or Not?.....**



# **TAKING DISCIPLINARY ACTION**

## **Purpose**

- **To correct behavior/conduct**
- **To correct and improve performance**
- **Prevent prohibited activities**
- **Maintain conduct & morale of workforce**



# **DISCIPLINARY ACTION STEPS**

- **Investigate the incident**
- **Document your findings**
- **Determine if disciplinary action is appropriate**
- **Determine the penalty**
- **Propose the action (Except Letters of Reprimand)**
- **Deciding official renders decision**

# BEFORE YOU START.....

## ➔ INCIDENT ASSESSMENT

☒ What happened...?

☒ criminal conduct involved...?

☒ how urgent a response is required...

☒ Is the conduct  
actionable.....?



# WHY INVESTIGATE.....?

**The purpose of an investigation is to find out what really happened by establishing the facts.**



# INVESTIGATING THE INCIDENT...



**Remember, the purpose is to establish the facts.**

**Get the employee's side of the story first whenever possible:**

**contact employee as soon as possible**  
**be aware of Right to Representation (Weingarten)**  
**be aware of Privacy Act concerns**

# INVESTIGATING THE INCIDENT... (CONTINUED)

Next Step, contact all witnesses:

- **interview anyone who witnessed or could have witnessed the incident**
- **be sure to talk to all, even those who say nothing happened**



# EVIDENCE

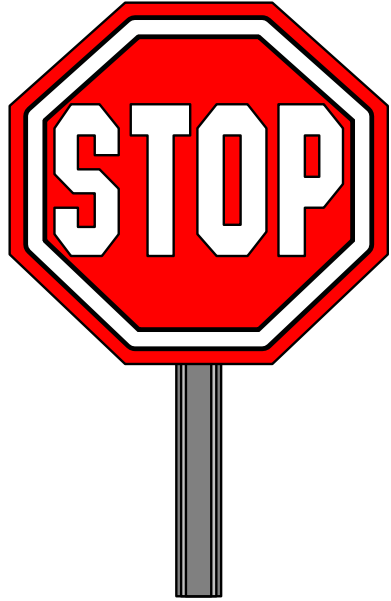
**PURPOSE:** to prove or disprove the facts

## **TYPES OF EVIDENCE-**

- Physical
- Documentary
- Testimonial



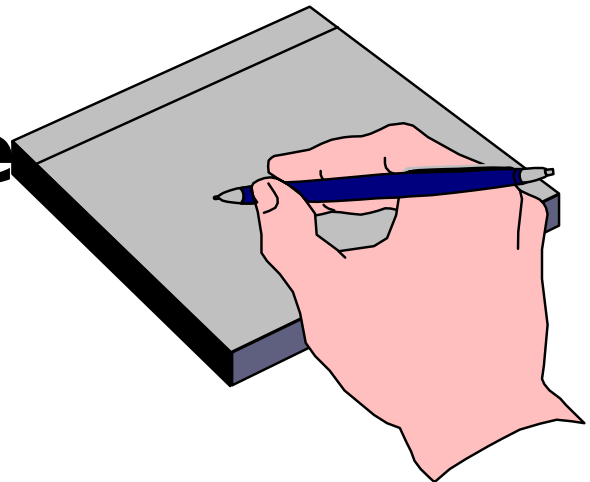
# INVESTIGATING THE INCIDENT... (CONTINUED)



BE SURE TO DOCUMENT YOUR FINDINGS

**Describe the  
incident/discussion in  
detail:**

- **Date & time**
- **Place**
- **Witnesses**
- **Behavior**
- **Tell it like it is**



Once you find out...



**decide whether to discipline**

- **whom to discipline**
- **for what reasons**

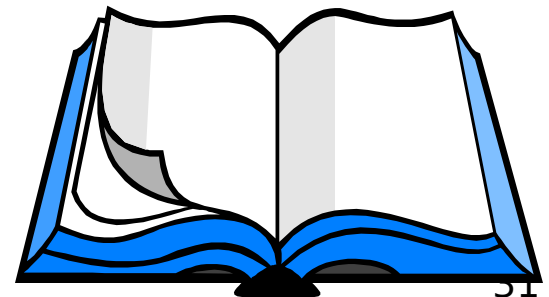
**Two main reasons agencies lose their case:**

- **Did not prove the facts, or**
- **Proved the facts, but the conduct was not actionable.**

# **DETERMINE THE PENALTY**

---

- **Consult the “Table of Penalties”**
- **Consider the “Douglas Factors”**



# TABLE OF PENALTIES

*AR 690-700, CHAPTER 751*

<http://www.cpol.army.mil/permis/5a111.html>

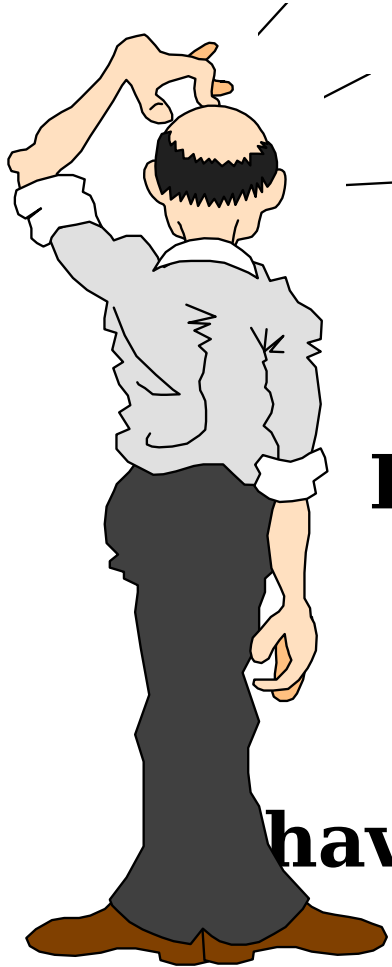
**Suggested range of penalties**

**It is a guide, not a rigid standard**

**Deviations are allowable**

**Behavioral offenses - progressive discipline**

**Offenses warranting punitive discipline**





# PENALTY SELECTION

		First Offense	Second Offense	Third Offense
Insubordination	Refusal to obey orders, defiance of authority	Written reprimand to removal	5 day suspension to removal	Removal



# PENALTY SELECTION

**Probationary  
employees**

- **Counsel who engage in misconduct - MAYBE notice of warning -**
- **If no improvement, TERMINATE appointment**
- **Complete action BEFORE the end of the probationary period**

Pink Slip



# **DOUGLAS FACTORS**

---

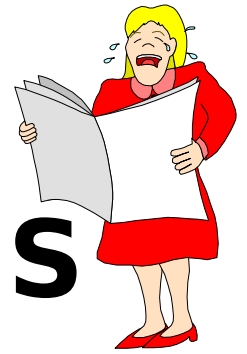
- **Nature, Seriousness Of Offense**
- **Job Level, Type Of Employment**
- **Past Disciplinary Record**
- **Past Work Record**
- **Effect On Ability To Perform Satisfactorily**
- **Consistency Of Penalty For Similar Offenses**

# **DOUGLAS FACTORS**

---

- **Notoriety Of Offense, Impact On Agency Reputation**
- **Employee Warned Or Clearly Aware Of Rules**
- **Potential For Rehabilitation**
- **Mitigating Circumstances**
- **Adequacy, Effectiveness Of**

# DISCIPLINARY ACTIONS



- Written Reprimand
- Suspension 14 days or less

## ADVERSE ACTIONS



- Suspension (more than 14 days), Removal, Reduction in Grade/Pay, Furlough (30 days or less)

# WRITTEN REPRIMAND

- **Supervisor investigates & discusses with employee**
- **Letter must contain:**

1. Description of offenses
2. Retention in OPF (1yr. - 3 yr.)
3. Recount former instances
4. Warning - more severe action
5. Advise on EAP (if appropriate)
6. Grievance rights

# **PROPOSE THE ACTION**

---

## **Proposal Letter Must Provide:**

- **Reasonable advance notice (30 days) including statement of the specific facts in support of the proposed action.**
- **Opportunity to review the materials relied upon, including the governing regulations.**
- **Opportunity to reply**
- **Right to representation**
- **Written notice of decision**
- **Opportunity to grieve, appeal or**

# DECIDING OFFICIAL

---

- ⇒ **Provides Impartial Review Of Adverse Action**
- ⇒ **Considers Any Employee Response**
- ⇒ **Considers Douglas Factors**
- ⇒ **Renders Final Written Decision In A Timely Manner**





# **DECIDING OFFICIAL RENDERS DECISION**

---

## **Content of the Decision**

- REFERENCE TO PROPOSAL**
- NATURE OF EMPLOYEE REPLY**
- CONSIDERATION GIVEN TO EMPLOYEE REPLY**
- EFFECTIVE DATE OF RESULTING ACTION**
- RIGHTS TO GRIEVE OR APPEAL (if applicable)**

# **MISTAKES TO AVOID**

**Allowing Problems to Continue Too Long Before Correction**

**“Keeping a Book” or “Saving Up” a List of Occurrences**

**Failing to Communicate Rules/Requirements to Employees**

**Applying Rules Inconsistently**

**Imposing Inconsistent Penalties**

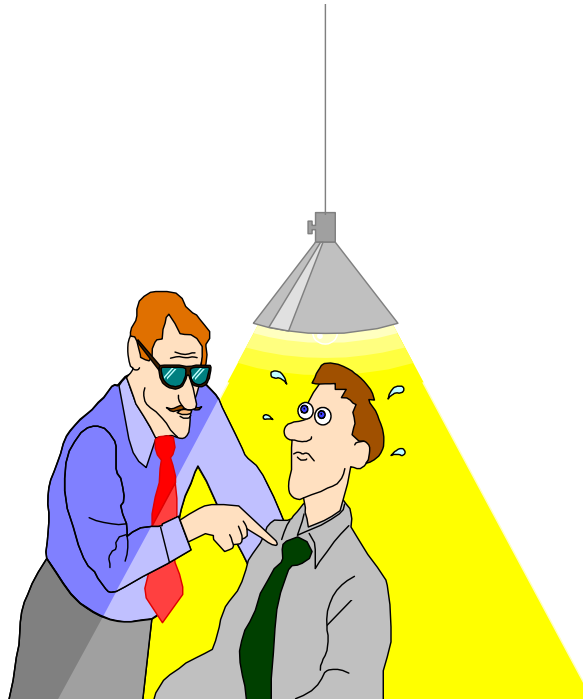
**Reassigning Employees Rather Than Correcting Problem**

**Basing Disciplinary Action on Personalities**

**Failing to Fully Investigate Facts**

**Failing To Seek Advice from the CPAC**

# QUESTIONS?



# GRIEVANCES, APPEALS AND HEARINGS



Mike Hosang 878-5286

Labor Law Counselor

Office of the Staff

Judge Advocate

[michael.hosang@eustis.army.mil](mailto:michael.hosang@eustis.army.mil)

# LABOR LAW COUNSELOR



- Act as Agency Representative in 3<sup>rd</sup> party disputes
- Advise on civilian personnel actions
- Provide legal review for proposed and final labor actions

# GRIEVANCE

- Every Collective Bargaining Agreement (CBA) must have a grievance procedure in which the last step is arbitration. 5 USC 7121(a)(1)



# GRIEVANCE PROCEDURES



- Vary with CBA. Example:
- 1<sup>st</sup> Step: Informal, verbal, 1<sup>st</sup> line supervisor
- 2<sup>nd</sup> Step: Reduced to writing. Meet within 7 days of receipt of grievance form. Decision in writing in 10 days.
- 3<sup>rd</sup> Step: In writing, next higher supervisor within 7 days of Step 2 decision. CDR or designee renders decision in 14 days.

# ARBITRATION



- In accordance with CBA. Example:
- Invoke w/in 10 days of decision at last step
- Grievability issues raised within 10 days of invoking arbitration





# ARBITRATION

- FMCS to get list of arbitrators
- Strike with union to determine who arbitrates the grievance unless CBA prescribes different method, or if parties agree on arbitrator
- Players: counsel, PAW, witnesses, arbitrator, union



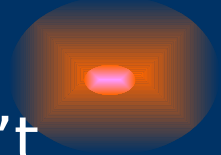
# ARBITRATION

- GOOD:

- Resolve dispute
- Forecloses the same issue
- Limited review by FLRA
- Grieving party pays if they lose (CBA)

- BAD:

- Arbitrators aren't consistent – work depends upon splits
- Testimony not always strong
- Losing party pays



# Merit System Protection Board

- Adjudicates appeals over which it has jurisdiction
- Over employees who have standing
- Removals, suspensions, furloughs, demotions
- Mixed case
- Various others



# MSPB PROCEDURES



Misconduct / Poor Performance

Employee Rights in Written Notice

Employee files

Agency responds

Discovery

Hearing

Request for Reconsideration

# STANDING

- EMPLOYEE
- NOT:
  - PROBATIONARY
    - Not Used Enough
  - NAF
  - ACTIVE DUTY



# YOUR ROLE?



- Underlying action
- Witness
- Work with Labor Counselor in preparation for hearing
- Depositions
- Testimony
- Settlement

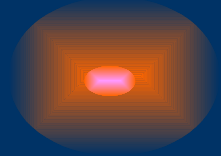
# MSPB HEARING PROCEDURE

- Administrative Judge
- VTC
- Parties
- Testimony
- Initial Decision
- Petition For Review



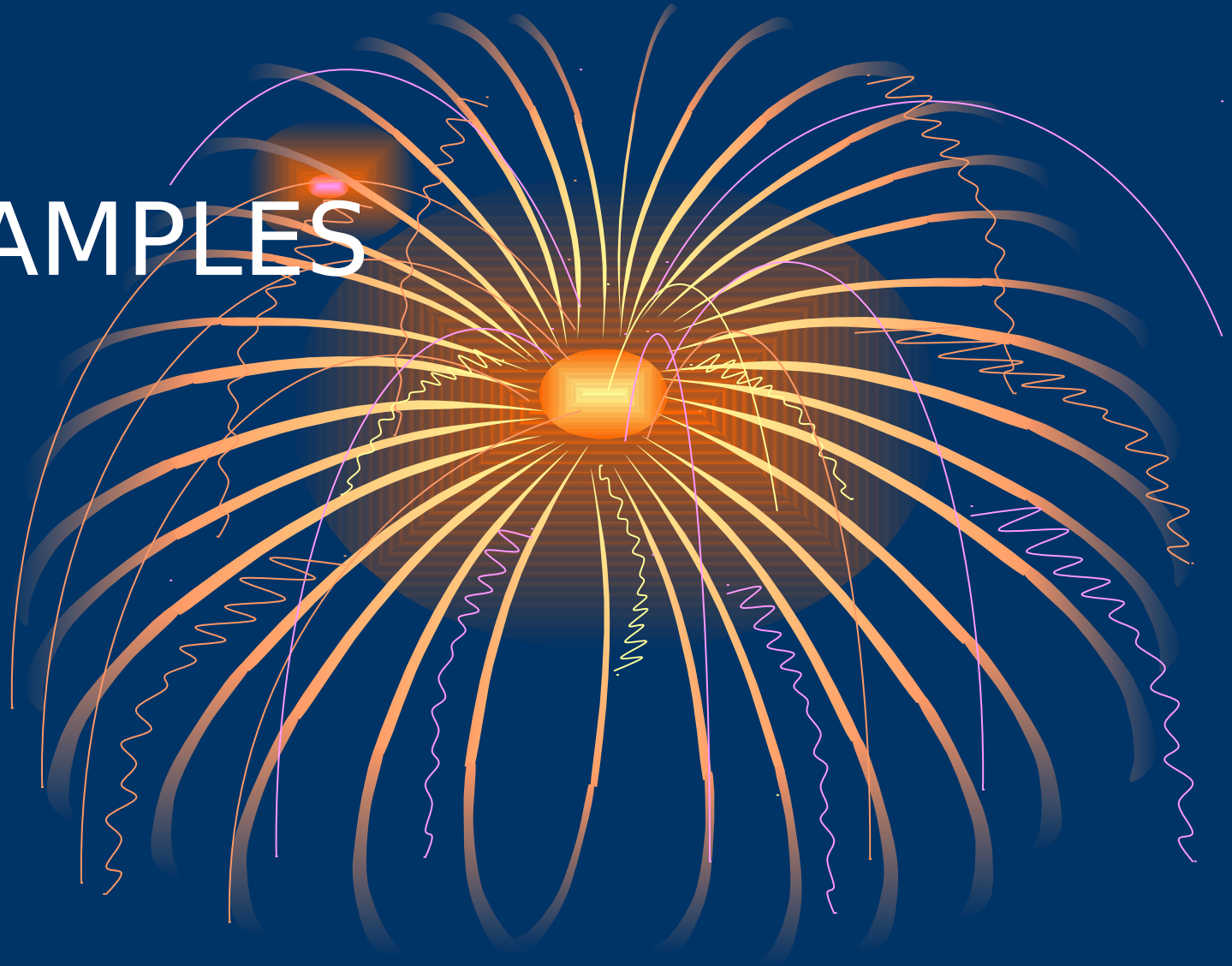
# POSSIBLE OUTCOMES AT MSPB

- AFFIRM AGENCY'S DECISION
- MITIGATE AGENCY'S DECISION
- OVERTURN AGENCY'S DECISION
- DENY APPELLANT JURISDICTION





# EXAMPLES






FOR CASES AND OTHER  
INFORMATION

[mspb.gov](https://mspb.gov)

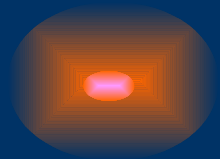
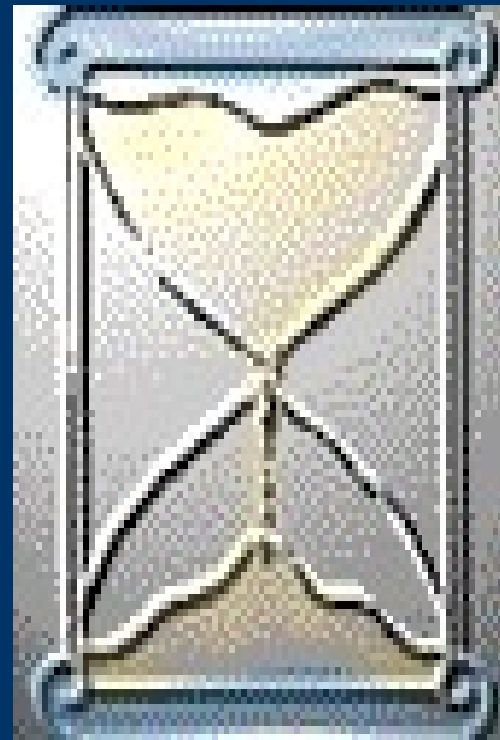
# EQUAL EMPLOYMENT OPPORTUNITY

An abstract graphic featuring a central, glowing orange sphere. From this sphere, numerous thin, curved lines radiate outwards, creating a sunburst or starburst effect. The lines are primarily orange and yellow, with some purple and blue lines interspersed. The background is a solid dark blue. The overall composition is symmetrical and dynamic.

Investigations, Mediation,  
Hearings

# EEO INVESTIGATIONS

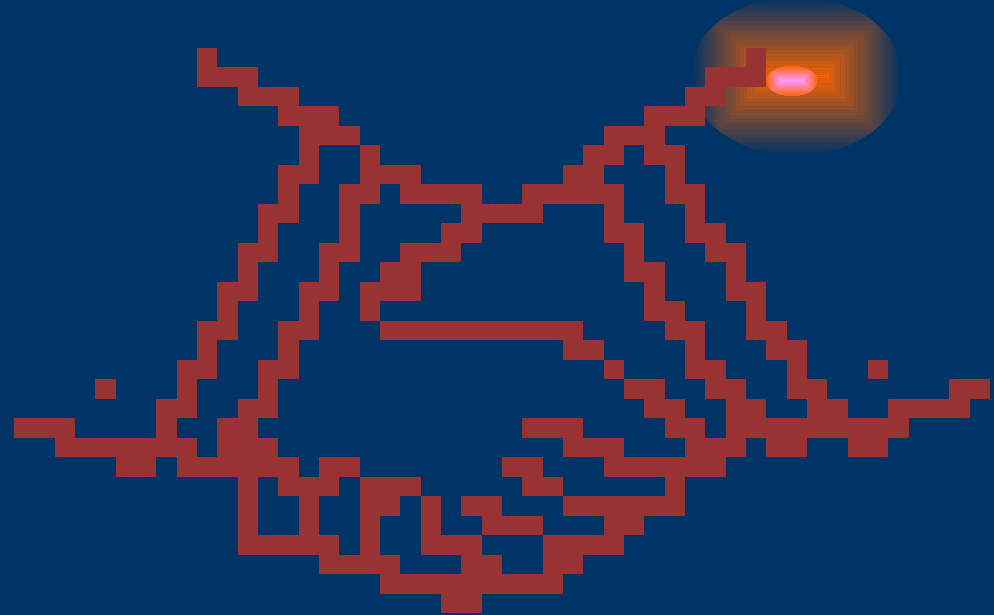
- Informal Complaint
- Mediation
- Formal Complaint
- Witnesses
- Record
- Notification
- Office of Complaint Investigations
- Employee's Right
- Do Not Discuss



# MEDIATION

- PARTIES
- PURPOSE
- POSITION

- SETTLEMENT?



# OCI USE OF ADR

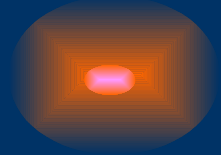
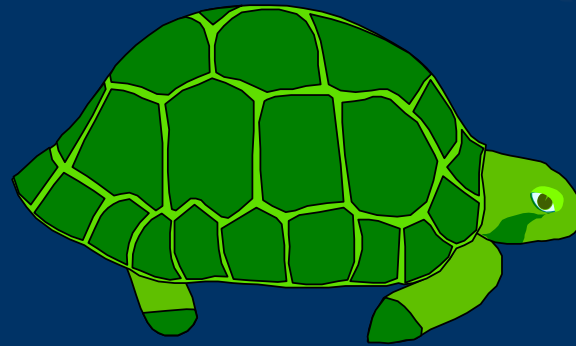


- ENCOURAGES USE OF ALTERNATE DISPUTE RESOLUTION
- OCI CHANGING APPROACH TO MEDIATION

# COST

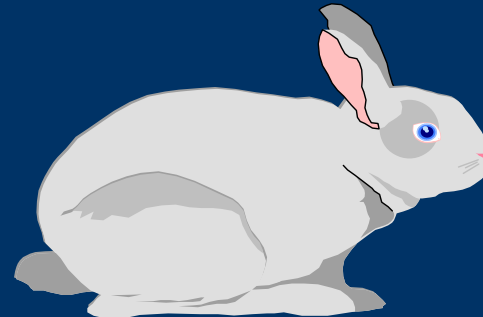
- FORMAL PROCESSING

- \$\$\$\$\$\$\$\$\$\$



- MEDIATION

- \$



# EEOC HEARINGS

- ADMINISTRATIVE PROCESS
- RULES OF EVIDENCE DO NOT APPLY
- ADMINISTRATIVE JUDGE
- PARTIES
- DECISION
- OUTCOMES
- COMPLIANCE
- APPEAL





# REMEDIES

- BACK PAY
- FRONT PAY
- ATTORNEY FEES
- DECLARATORY RELIEF
- PLACEMENT, REASSIGNMENT, PROMOTION
- **COMPENSATORY DAMAGES!!!!!!**
- **OTHER DAMAGES**



# COMPENSATORY DAMAGES

- MUST DEMONSTRATE MALICE OR RECKLESS INDIFFERENCE
- MUST DEMONSTRATE DAMAGES
- SUBJECT TO 300K
- MUST PROVE MITIGATION
- PAST PECUNIARY NOT SUBJECT TO CAP
- FUTURE PECUNIARY ARE SUBJECT TO CAP



# YOUR RIGHTS AS A SUPERVISOR

- TAKE APPROPRIATE ACTIONS
- APPEAR AND GIVE TESTIMONY IN PROCEEDINGS
- REQUIRE ACCOUNTABILITY OF YOUR EMPLOYEE EVEN WHEN PARTICIPATING IN ANY PROCESS
- REQUEST ASSISTANCE AND ADVICE



# AVOID:

- RETALIATORY BEHAVIORS
- DISCUSSING THE COMPLAINT, APPEAL, OR GRIEVANCE WITH ANYONE EXCEPT..
- TAKING ACTION WITHOUT CONSULTING WITH CPAC
- TREATING EMPLOYEE IN “HANDS OFF” MANNER



# IN A HEARING OR ARBITRATION:

- SWEAR OR AFFIRM
- SPEAK; NO GESTURES
- ANSWER THE QUESTION
- ONLY ANSWER THE QUESTION
- COOPERATE

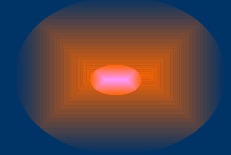


# CONTRACTOR ISSUES

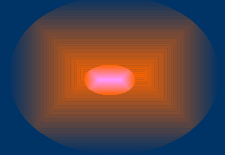
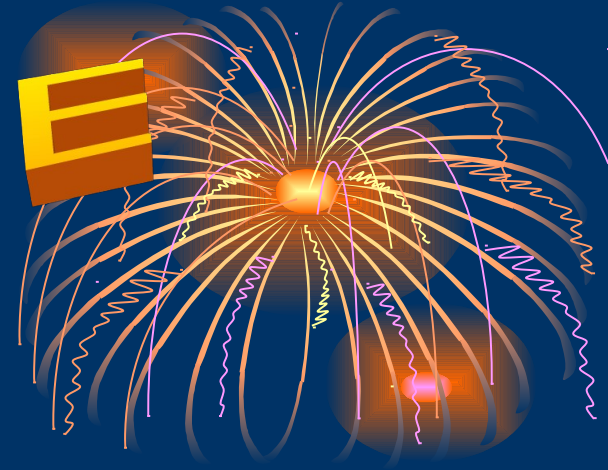
- Abide by Contract
- No 59 minute Rule
- No POSH/Ethics/Other Training



# QUESTIONS?



# EXERCISE TIME



## DISABILITY AND REASONABLE ACCOMMODATION





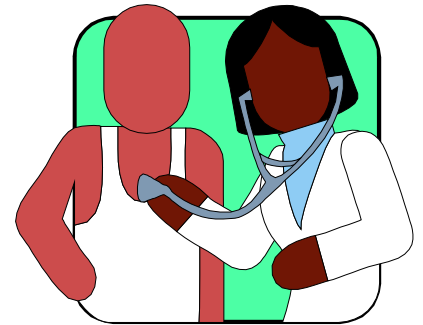
# MEDICAL ISSUES IN THE WORKPLACE



# **DISABILITY DISCRIMINATION**

## **DEFINED -**

**Failure to provide  
reasonable  
accommodation to a  
qualified disabled  
employee when it would  
not be an undue hardship  
and the accommodation is  
available...**



# DEFINITIONS

- **Qualified disabled person.**
- **Reasonable accommodation.**
- **Undue hardship.**

**Reference:**  
**<http://www.eeoc.gov/>**

# **QUALIFIED DISABLED PERSON**

**One who, with or without  
reasonable accommodation,  
can perform the essential  
duties of their position**



# REASONABLE ACCOMMODATION

## Defined...

- Any change in the work environment or in the way things are customarily done that would enable a qualified individual with a disability to enjoy equal employment opportunities.



# **Let's take a closer look at reasonable accommodation....**

## **Examples:**

- job restructuring**
- modified work schedule**
- reassignment to a vacant position**
- acquiring or modifying equipment**
- changing exams, training**

**materials or  
policies**

- providing qualified readers or  
interpreters**

# **What is not required...**

- Lower performance expectations**
- Lower conduct requirements**
- Restructure major duties**
- Create new jobs**
- Spend excessive amounts of money**

**(BE CAREFUL not to cry budget woes)**

- Disrupt other employees**
- Endanger the employee, coworkers**

**or**

**public**

**For each of the following situations, determine whether the employee meets the definition of:**

**a) a disabled person**

**b) whether he/she is a qualified disabled person**

**c) what accommodation, if any, should the agency provide?**

- if an accommodation is requested by the employee, is it reasonable or would it prove to be an undue burden to the agency?**



**1. Tim is a Computer Programmer. He has Multiple Sclerosis (MS). Due to the gradual loss of muscle coordination associated with his MS, he has recently begun to use a wheelchair. The duties of his position are primarily sedentary. His performance ratings over the last three years show no deterioration in his Success Level 2 (Highly Successful) performance.**

**2. James is involved in the fabrication of plastic components. He began experiencing some breathing difficulties and was diagnosed as suffering from asbestosis. As an accommodation, he proposed the use of an air-feed respirator. The respirator had a range of 25 feet which would preclude his access to certain work areas. he would only be able to**

**3. Paul has epilepsy and uses medication to control the condition. He is an Electronics Technician. His duties include use of meters that measure electric current, soldering equipment and open circuits for testing computer chips and other electronic components. Several months ago, he had two serious seizures while at work. Both times, he fell from his workbench and was hospitalized. During the second hospitalization, his physician recommended he undergo experimental brain surgery to help control the seizures and Paul agreed. Following a six-week recuperation, Paul's doctor has cleared him to return to work. Paul has been back for a week and has already had another seizure. This time, he knocked the soldering iron off his workbench**

**4. Gilbert, after perceiving that he had been given an unfair workload, began to scream obscenities and then went on to smash dividers between desks and throw a chair and a printer. Although he did not strike or threaten anyone directly, Gilbert was diagnosed as having “an explosive personality disorder” and stated during a later psychiatric interview that he was “fearful of homicidal ideation with his supervisor.” Gilbert requested a reasonable accommodation which required the agency to display greater sensitivity and awareness of his condition and asked to be placed in an environment where he would not encounter “rejection or criticism.”**

**5. Steve had some serious problems about coming to work on a regular basis, and he failed to comply with leave regulations. In his defense, Steve provided extensive medical documentation about his “substantive memory impairment.” As an accommodation, Steve suggested that a responsible member of his family handle leave and attendance matters by communicating with agency officials.**

**6. Hudson was frequently depressed at work and suffered from diabetes and chronic asthma. He was charged with AWOL, creating a disturbance in the workplace, and for repeatedly directing rude and insolent remarks at his supervisor. Hudson claimed that his various medical problems and an unsympathetic and uncommunicative supervisor were the cause of his difficulties. He wanted the charges dropped and to be accommodated by being given training which would qualify him for a position in another career field.**

# **HANDLING MEDICAL ISSUES IN THE WORKPLACE**

- **Addressing the problem**
- **Obtaining medical documentation**
- **Determining “Reasonable Accommodation”**
- **Taking disciplinary/performance action**
- **Handling related situations**

# **ADDRESSING THE PROBLEM**

- If the employee does not raise a medical issue, focus on the conduct or performance issue, not the medical aspects.**
- It is the employee's responsibility to raise the medical issue.**

**NOTE: Medical information is private. Only get involved in the medical problem of employees if it impacts their conduct or performance.**

# **OBTAINING MEDICAL DOCUMENTATION**

## **When to request documentation:**

- The employee informs you that he cannot perform the duties because of a medical condition.**
- The employee informs you that the working conditions are impacting her ability to do the work.**
- The employee raises a medical condition in response to a disciplinary/performance action.**



# **OBTAINING MEDICAL DOCUMENTATION**

## **Why request documentation?**

- ➔ Need to know what the employee is suffering from and what impact it has on the job.**
- ➔ Be specific for what you ask.**
- ➔ Include relevant documents such as job descriptions, working conditions, etc.**
- ➔ The employee must comply with your request for medical documentation.**

# **TAKING THE ACTION**

- **If unable to work out an agreement, take the normal action:**
  - **if action was held in abeyance.**
  - **if performance, treat as a performance problem.**
  - **if conduct, treat as a conduct problem.**

# **HANDLING MEDICAL ISSUES IN THE WORKPLACE**

## **➤ Related Situations and Dilemmas ◀**

- **What about ordering Fitness-for-Duty Examinations**
  - (1) medical standards for the position**
  - (2) RIF placement when there is a doubt**
  - (3) returning from workers compensation**
- **How do I handle “drug and alcohol” situations?**
  - ➔ Firm Choice? - no longer a requirement**
  - ➔ “uniformly applied standard”**

# **HANDLING MEDICAL ISSUES IN THE WORKPLACE**

## **➤ Related Situations and Dilemmas ◀**

**When I ever deal directly with the medical problem?**

**Conclusive medical evidence; and**

**Demonstrate high probability of hazard to self or others**

**What about mental problems?**

**Same approach but keep in mind:**

**Cannot discriminate solely based on mental problem;**

**Do not have to lower standards of performance or conduct**

# Questions?

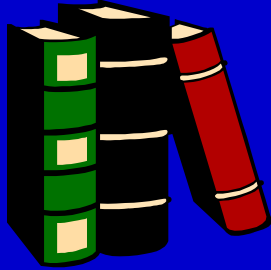


# WORKERS' COMPENSATION PROGRAM



# OBJECTIVES:

- Regulatory Guidance
- Facts of Injury
- FECA Program Roles/Responsibilities
- Types of Claims and the appropriate Forms
- Continuation of Pay (COP)
- Controverting Claims and COP
- Presidential Initiative



# FECA REFERENCES

- 5 USC Chapter 81, Sec 8101 - 8193
- 20 CFR Parts 10 & 25
- CA-810, Injury Compensation for Federal Employees
- DoD Civilian Personnel Manual, 1400.25-M Subchapter 810



# Fact of Injury

- ◆ An event or exposure must occur
  - An employee's statement is considered factual in the absence of contradictory evidence
- ◆ A medical condition must exist
  - Must have medical evidence



# Performance of Duty

- ◆ Employee injured on premises performing duties is covered
  - Eating meals/snacks on premises
  - Coffee breaks
  - On premises a reasonable time before or after the work shift
- ◆ Parking facilities
  - Includes facilities owned/controlled by employer

(continued)

# Performance of duty, continued

- ◆ Proximity Rule
  - Generally not covered if off premises
- ◆ Visits to Premises
  - Not covered, employee must be in work status
- ◆ Off-Premise Injuries
  - Covers messengers, auditors/inspectors, employees who work at home
  - Involves shortest, most direct route

(continued)

# Performance of duty, continued

- ◆ To and from work
  - Generally not covered
  - Exceptions
    - Where required to travel
    - Employer furnishes transportation
- ◆ Diversions from Duty
  - Employee helps injured person/put out fire
  - Personal Act
    - Engaged in personal act for health or comfort

(continued)

# Performance of duty, continued

- ◆ **RECREATION** -- Complex issue. Multiple factors to consider

## GENERALLY COVERED WHEN:

- In a formal program
- Participation is required/prescribed
- On premises during duty hours
- Employer benefit derived
- Equipment/facilities provided by employer

(continued)

# Performance of duty, continued

- ◆ Horseplay
  - Normally covered
- ◆ Assault Cases
  - Covered if arises from reasons related to employment
  - Not covered if arises from personal matters

(continued)

# Performance of duty, continued

- ◆ Co-Worker Harassment or Teasing
  - Key element is whether it arose out of friction of employment or private life
- ◆ Representational functions
  - Representational functions on official time are covered
- ◆ TDY
  - 24 hours a day if related to employment
  - Reasonably incidental to travel

# Performance of Duty, Stress Claims

- ◆ Covered situations
  - Erroneous or abusive personnel actions
  - Confrontation with supervisor, verbal altercations
  - Harassment/teasing by supervisor, co-workers
  - Stress due to overtime, deadlines, quotas, travel, intensity of work

(continued)



# Performance of Duty, Stress Claims

- ◆ Situations not covered
  - Performance Appraisal
  - Concern over job insecurity/RIF
  - Disciplinary actions
  - Failure to get promotion or desired transfer
  - Denial of leave
  - Mere perceptions of harassment or discrimination
  - Frustration over compensation claim
  - Being investigated for theft or fraud

(continued)

# Performance of Duty, Stress Claims

- ◆ Management Responsibilities
  - Prepare accurate, concise response
    - Include witness statements, job description, special duties
    - Paint picture for claims examiner
    - Non-job related stressors

(continued)

# Performance of Duty, continued

## Stress Claims

### ◆ Determining Factors

- Whether alleged disability resulted from an incident connected to employment
- Erroneous personnel actions and abusive action by management can cause incidents to become related to employment

### ◆ Relationship to EEOC/MSPB decisions

- Issue is whether or not an injury under the FECA has occurred
- OWCP may look at an EEOC claim for evidence, but must make an independent decision

(continued)

# Performance of duty, continued

- ◆ Statutory exclusions
  - Willful Misconduct
    - Violating a safety rule, disobeying an order (Intentional)
      - Simple disregard is not enough
  - Intoxication
    - Must show extent and how it caused injury
  - Intent to injure oneself or another
    - Suicide
      - If injury caused mental/physical condition that led to suicide, then compensable

(continued)

# Performance of Duty, conclusion



- **REMEMBER!**
  - Don't refuse to process the claim
  - If you don't believe the injury was in the performance of duty, CONTROVERT
  - OWCP issues the decisions

# FECA PROGRAM PRIMARY PARTICIPANTS

- Injured Worker
- Supervisor
- ICPA
- OWCP

# EMPLOYEE'S ROLE ( INJURED WORKER )



- Report All Injuries Promptly to the Supervisor
- Obtain Medical Treatment & Provide Medical Evidence to Support Claim
- Inform Physician that their Agency can provide light duty
- Keep Supervisor Informed
- Return to Work Within Medical Restrictions



# SUPERVISOR'S ROLE

- Enforce Safety Regulations
- Provide Basic FECA Information to Employees (i.e. Rights and Benefits)
- Send Injured Worker for Medical Treatment
- Complete Claim Forms in a Timely Manner and Verify Accuracy of Same, providing All Required Information
- Report All Injuries Promptly to the ICPA



# SUPERVISOR'S ROLE

- Pay Continuation of Pay (COP) in Traumatic Injury Claims As Appropriate and Promptly Authorize Medical Care Within Regulatory Guidelines
  - \*Occupational Injuries are not eligible for COP
- Must Continue Payment of COP Unless It Meets One of the Exceptions that is part of the instructions in the Form CA-1
- Then and Only Then Is Payment Terminated



# SUPERVISOR'S ROLE

- Identify and Challenge (Controvert) Questionable Claims
- Keep in Contact With Employees During the Recovery Period
- Assist Employees in Returning to Work by Providing Work Within the Employee's Work Restrictions
- Represent Agency Interest in Monitoring Claims



# ICPA'S RESPONSIBILITIES

## **Focal Point of the FECA Program**

- Ensure Supervisors and Employees Are Aware of Basic FECA Procedures
- Assist Injured Workers and Supervisors With Filing Claims and Communicating With OWCP
- Carefully Review All Forms for Completeness and Consistency

# ICPA'S RESPONSIBILITIES

- Verify All Information and Reports Received From OWCP
- Refer Suspected Fraud Cases for Investigation
- Coordinate With Installation Legal Office on Potential Third Party Claims
- Ensure All Claims Are Processed Through the ICPA

# ICPA'S RESPONSIBILITIES

- Obtain Input on Specific Claims As Necessary
- Coordinate With Supervisor to Determine If Controversion Is Appropriate
- Ensure the Appropriate Forms and Required Evidence Are Promptly Submitted to OWCP
- Monitor COP to Ensure Correct Payment



# OFFICE OF WORKERS' COMPENSATION PROGRAMS ( OWCP )

- Coordinate Efforts to Return Injured Workers to Full or Restricted Duty
- Monitor OWCP Actions and Coordinate a Prompt and Complete Response to All OWCP Requests
- Adjudicate Claims Fairly and Timely

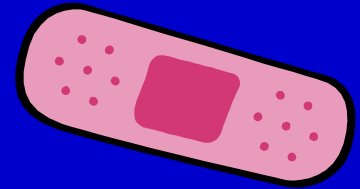


# OFFICE OF WORKERS' COMPENSATION PROGRAMS ( OWCP )

- Upon Acceptance, Manage the Claim and Pay All Benefits As Allowed by Law.
- Final Decision on All FECA Issues



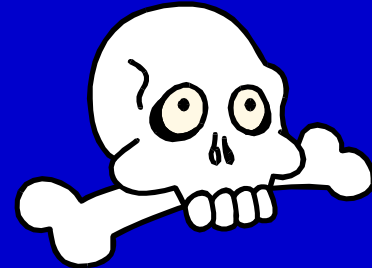
# TRAUMATIC INJURY (CLAIM)



- Wound or Condition
- Caused by External Force
- Identifiable by Time and Place of Occurrence
- Affecting a Body Part or Function
- Occurred on One Day/Work Shift
- Form CA-1 is used when filing



# OCCUPATIONAL ILLNESS/DISEASE (CLAIM)



**A Condition Produced by the  
Work Environment Over a  
Period Longer Than a Single  
Workday or Shift**

**Form CA-2 is used when filing.**

# CONTINUATION OF PAY (COP)

- The FECA provides COP for absences due to disability or obtaining medical treatment, for not more than 45 calendar days following the injury or could be used over an extended time of forty-five (45) days.
- COP is not considered compensation.
- To be entitled to COP all absence must be supported by medical documentation.

# CONTROVERTING CLAIMS AND COP

- Must be in writing
- Objective and unemotional
- Factual
- Cite applicable laws, ECAB decisions, regulations, or sections of the FECA Procedures Manual
- Include photographs, maps, witness statements, police or investigative reports and other hard evidence.

# PRESIDENTIAL INITIATIVE

- Reduce overall occurrence of injuries by 3%, while improving the timeliness of reporting injuries by 5% per year.
- Work sites with the highest rates of serious injuries reducing the occurrence of such injuries by 10% per year, and
- Reducing the rate of lost production days by 2% per year.

# FEDERAL EMPLOYEE COMPENSATION ACT (FECA)

Fort Eustis CPAC  
Website

**[http://www.eustis.army.mil/cpac/  
FECA.htm](http://www.eustis.army.mil/cpac/FECA.htm)**

# **DEPARTMENT OF DEFENSE**

## **FECA Electronic Data Interchange**

### **(EDI)**

- ***WHAT IS EDI?***

- **EDI stands for Electronic Data Interchange. With EDI, CA-1 and CA-2 forms are submitted to the Department of Labor instantaneously, eliminating paper processing and mail delays.**
- **The purpose of the EDI project is to expedite processing of FECA claims for injured workers.**
- **Faster claims processing leads to expedited medical authorizations, treatment, bill payment.**
- **Better service leads to faster recovery.**

# **EDI INFORMATION FLOW**

- **HOW DOES IT WORK?**
  - Employee reports the injury to his/her supervisor
  - Process is started by accessing the EDI website
  - Supervisor and employee complete the electronic form, which is transmitted to the ICPA. Supervisors do not need any special access to file the claim electronically, only a computer with internet access
  - ICPA “authenticates” the form (i.e., verifies employment status, enters appropriate codes, corrects any errors); form is then transmitted to DOL.
  - DOL assigns case number within 48 hours.



# **EDI FORMS**

**The EDI forms are patterned directly on the hard copy forms CA-1 and CA-2. Therefore, the basic instructions for completing the forms are the same as with paper**



# ICUC Division Injury and Unemployment Compensation Division

- ▶ About Injury Compensation
- ▶ About Unemployment Compensation
- ▶ **Filing Claims Electronically** (supervisor's link)
- ▶ DIUCS v.2.1 (password required)
- ▶ DIUCS SSO (password required)
- ▶ DEFPAC (password required)
- ▶ FTP
- ▶ Iraq Provincial Reconstruction Teams
- ▶ 
- ▶ 

CPMS Home  
**Items of Interest**  
How Do I File an



## Welcome to ICUC

**The EDI application for Supervisors can be accessed through the ICUC Web page.**

**The URL for the Web page is**  
[http://www.cpmc.osd.mil/ICUC/ICUC\\_index.aspx](http://www.cpmc.osd.mil/ICUC/ICUC_index.aspx)

**Select the link to the left titled “Filing Claims Electronically”**

**Reg Inj**  
This  
Mas  
leve  
Adm  
onlin  
»More  
**Imp**  
**DIUCS**  
DIUCS service will be interrupted on the morning of Wednesday, May 30th, to introduce improvements. The transition to a new identity management function will require users to change their passwords. If you do not access the system and change your password during the transition period, you will need to reapply for access. For details...  
»More  
**DoD Pipeline Program - Creating Opportunities for Recovering Employees**  
»More

- Modify ICUC System Access
- *Additional Resources*

- ### Human Resources Policies
- Civilian Personnel Manual (CPM) Subchapter 810 Injury Compensation
  - Civilian Personnel Manual (CPM)

This DoD computer system including all related network devices (specifically including internet access) is for U.S. Government use. DoD computer systems may be monitored, including to ensure authorized use, for system management against unauthorized access, and to verify security procedures, survivability and operational security. Monitoring includes active attacks by authorized DoD entities to test or verify the security of this system. During monitoring, information may be examined, recorded, copied and used for authorized purposes. All information, including personal information, placed on or sent over this system may be monitored. Use of this DoD computer system, authorized or unauthorized, constitutes consent to monitoring. Unauthorized use may subject you to criminal prosecution. Evidence of unauthorized use collected during monitoring may be used administrative, criminal or other adverse action.

After selecting the link on the ICUC Web page, this screen will open. The user will need to read and select OK in order to continue.

OK

Cancel

## Enter A New U.S. Department of Labor Worker's Compensation Claim Form:

Claimant

Social Security Number (SSN): 111-11-1111

Date of Birth (MM/DD/YYYY): 01/01/1960

Claim Form Type

☒ CA-1 Federal Employee's Notice of Traumatic☐ CA-2 Notice of Occupational Disease and Claim

Once the employee's  
information is added,  
select the **Enter claim**  
button to begin entering  
data.

**Enter claim**

saf 01.

Window

EDI\_CA1

Emp. Data Injury Emp. Signature Witness Sup Rpt 1 Sup Rpt 2 Sup Rpt 3 Sup Rpt 4 Safety Data Sup Signature

## 1. Name of employee

Last Name: SMITH

First Name: JOHN

Middle Name:

Suffix: (not entered)

## 2. Social Security Number

111-11-1111

3. Date of birth  
MM-DD-YYYY

01-01-1960

## 4. Sex



Male



Female

## 5. Home Phone

## 6. Grade as of date of injury

Level: WG10

Step: 05

## 7. Employee's home mailing address

Street Address:

City:

State:

ZIP Code:

## 8. Dependents



Wife, Husband



Children under 18 years



Other

## Claim information

EDI claim number:

Status:

Trading partner ID:

FECAEDI

Status time:

The form will now open with the employee's information populated into the appropriate fields using data from the personnel system.

Record: 1/1

Warning: Applet Window

Window

EDI\_CA1

Emp. Data   Injury   Emp. Signature   Witness   Sup Rpt 1   Sup Rpt 2   Sup Rpt 3   Sup Rpt 4   Safety Data   Sup Signature

1. Name of employee

Last Name: **SMITH**   First Name: **JOHN**

Middle Name:    Suffix: **(not entered)**

2. Social Security Number

**111-11-1111**

3. Date of birth  
MM-DD-YYYY  
**01-01-1960**

4. Sex  
☒ Male   ☐ Female

5. Home Phone

6. Grade as of date of injury  
Level: **WG10**   Step: **05**

7. Employee's home mailing address

Street Address:

City:

State:    ZIP Code:

8. Dependents  
☐ Wife, Husband  
☐ Children under 18 years

Claim information

EDI claim number:    Status:

Trading partner ID: **FECAEDI**   Status time:

Record: 1/1

Warning: Applet Window

White fields are required to be filled in.

Yellow fields are optional and do not have to be filled in.

Gray fields are informational and cannot have data entered into them.

Window

EDI\_CA1

Emp. Data Injury Emp. Signature Witness Sup Rpt 1 Sup Rpt 2 Sup Rpt 3 Sup Rpt 4 Safety Data Sup Signature

1. Name of employee		2. Social Security Number	
Last Name: SMITH	First Name: JOHN	111-11-1111	
Middle Name:	Suffix: (not entered)		
3. Date of birth MM-DD-YYYY 01-01-1960	4. Sex <input checked="" type="radio"/> Male <input type="radio"/> Female	5. Home Phone (123) 455-7890	6. Grade as of date of injury Level: WG10 Step: 05
7. Employee's home mailing address Street Address: City: State: ZIP Code:		8. Dependents <input type="checkbox"/> Wife, Husband <input type="checkbox"/> Children under 18 years <input type="checkbox"/> Other	
Claim information EDI claim number: Status: Trading partner ID: FECAEDI Status time:			

Some fields require the data entered to be in a particular format. For example, phone numbers should be entered without using any () or -

Emp. Data   Injury   Emp. Signature   Witness   Sup Rpt 1   Sup Rpt 2   Sup Rpt 3   Sup Rpt 4   Safety Data   Sup Signature

## 1. Name of employee

Last Name: SMITH

First Name: JOHN

Middle Name:

Suffix: (not entered)

## 2. Social Security Number

111-11-1111

3. Date of birth  
MM-DD-YYYY

01-01-1960

## 4. Sex



Male



Female

## 5. Home Phone

(123) 455-7890

## 6. Grade as of date of injury

Level: WG10

Step: 05

## 7. Employee's home mailing address

Street Address:

City:

State:

ZIP Code:

## Claim information

EDI claim number:

Status:

Trading partner ID:

FECAEDI

Status time:

If data is entered into a field using the wrong format, the application will not let the user move forward until the data is correctly entered. A message will be provided at the bottom of the screen to inform the user as to what needs to be done to fix the format problem.

RM-40209: Field must be of form FM9999999999999999

Record: 1/1

Window

EDI\_CA1

Emp. Data Injury Emp. Signature Witness Sup Rpt 1 Sup Rpt 2 Sup Rpt 3 Sup Rpt 4 Safety Data Sup Signature

9. Place where injury occurred (e.g. 2nd floor, Main Post Office Bldg., 12th &amp; Pine)

MAIN OFFICE BUILDING, 1223445 WORK STREET, ANYTOWN FL

FLEMING ISLAND FL

10. Date &amp; time injury occurred

MM-DD-YYYY HH:MM [AM|PM]

01-20-2005 02:30 PM

11. Date of this notice

MM-DD-YYYY

01-20-2005

13. Cause of injury (Describe what happened and why)

I WAS WALKING DOWN THE STAIRS AND I TRIPP

14. Nature of injury (Identify both the injury and the part of body, e.g., fracture of left leg)

BROKEN NOSE, BRUISED RIBS

b. OSHA Type

c. OSHA Source

Nature of Injury

Anatomical location code

Part of Body

Side of Body

The employee's information will be entered into the system. Pay particular attention to fields that require a date and time such as Block 10. If no time is entered in the block, the time will default to 12:00 am.



Window

EDI\_CA1

Emp. Data   Injury   Emp. Signature   Witness   Sup Rpt 1   Sup Rpt 2   Sup Rpt 3   Sup Rpt 4   Safety Data   Sup Signature

15. I certify, under penalty of law, that the injury described above was sustained in performance of duty as an employee of the United States Government and that it was not caused by my willful misconduct, intent to injure myself or another person, nor by my intoxication. I hereby claim medical treatment, if needed, and the following, as checked below, while disabled for work:

- ☒ a. Continuation of regular pay (COP) not to exceed 45 days beyond 45 days. If my claim is denied, I understand that I may be deemed an overpayment within the 45 days.
- ☐ b. Sick and/or Annual Leave
- ☐ c. Unknown

The employee then elects whether to use Continuation of Pay and enters the date that the claim is being entered into the EDI application.

I hereby authorize any physician or hospital (or any other person, institution, corporation, or government agency) to furnish any desired information to the U.S. Department of Labor, Office of Workers' Compensation Programs (or to its official representative). This authorization also permits any official representative of the Office to examine and to copy any records concerning me.

Signature of employee or person acting on his/her behalf \_\_\_\_\_

Date

MM-DD-YYYY

01-20-2005

Any person who knowingly makes any false statement, misrepresentation, concealment of fact or any other act of fraud to obtain compensation as provided by the FECA or who knowingly accepts compensation to which that person is not entitled is subject to civil or administrative remedies as well as felony criminal prosecution and may, under appropriate criminal provisions, be punished by a fine or imprisonment or both.

Have your supervisor complete the receipt attached to this form and return it to you for your records.

Record: 1/1

Warning: Applet Window

Window

EDI\_CA1

Emp. Data

Injury

Emp. Signature

Witness

Sup Rpt 1

Sup Rpt 2

Sup Rpt 3

Sup Rpt 4

Safety Data

Sup Signature

16. Statement of witness (Describe what you saw, heard, or know about this injury)

Enter a witness statement in this space. The witness will sign the statement when the claim form is printed.

If there is no statement, leave this space blank.

If the statement will not fit into the space annotate "witness statement forwarded under separate cover" in this space and fill out the witness information. Send the separate signed witness statement to the ICPA.

Name of Witness: Last Name First Name Middle Name

MM-DD-YYYY

Signature of witness: Date signed:

Street Address:

City:

State: ZIP Code:

25. Date pay stopped  
MM-DD-YYYY

26. Date 45 day period began  
MM-DD-YYYY

27. Date & time employee returned to work  
MM-DD-YYYY HH:MM [AM|PM]

28. Was employee injured in performance of duty?

☒ Yes ☐ No (If "No", explain)

If the supervisor does not believe the employee was injured in performance of duty, "no" should be checked and the facts that support that position should be provided. Otherwise leave the box checked "yes."

If the information will not fit into this box, annotate "additional information forwarded under separate cover" and send the information to the ICPA to forward to OWCP.

29. Was injury caused by employee's willful misconduct, intoxication, or intent to injure self or another?

☐ Yes (If "Yes", explain) ☒ No

If the supervisor believes that willful misconduct was involved, "yes" should be checked and the facts that support this position provided. Otherwise leave the box checked "no"

If the information will not fit into this box annotate "additional information forwarded under separate cover" and send the information to the ICPA to forward to OWCP.

EDI\_CA1

Emp. Data Injury Emp. Signature Witness Sup Rpt 1 Sup Rpt 2 Sup Rpt 3 Sup Rpt 4 Safety Data Sup Signature

35. Does your knowledge of the fact about this injury agree with statements of the employee and/or witness?

☒ Yes ☐ No (If "No", explain)

If, in the investigation of the claim, nothing contradicting the employee or witness is uncovered, it would be appropriate to answer "yes". The supervisor does not have to witness the alleged incident to answer "yes".

If an investigation has been started, but the results are not available at the time of claim filing, then annotate "investigation in progress, results forwarded under separate cover". The ICPA should be provided with a copy of the results to forward to OWCP

36. If the employing agency controverts continuation of pay, state the reason in detail.

37. Pay rate when employee stopped work

Amount:

Per:

&lt;not entered&gt;

Window

Emp. Data Injury Emp. Signature Witness Sup Rpt 1 Sup Rpt 2 Sup Rpt 3 Sup Rpt 4 Safety Data Sup Signature

38. A supervisor who knowingly certifies to any false statement, misrepresentation, or omission may also be subject to appropriate felony criminal prosecution.

I certify that the information given above and that furnished by the employee on this form is true to the best of my knowledge with the following exception:

YOU CAN ADD ANY ADDITIONAL INFORMATION IN THIS BLOCK

If an on-site investigation was performed then a root cause will have to be entered.

Was an on-site investigation conducted?



Yes



No

What was the root cause of this injury?

Last Name

Name of Supervisor: SUPERVISOR

First Name

JOE

Middle Name

Signature of supervisor: \_\_\_\_\_

Date signed: \_\_\_\_\_

MM-DD-YYYY

01-20-2005

Supervisor's Title

SUPERVISOR

Supervisor's Email Address:

jsupv@govt.mil

Supervisor's Office phone number

1234567890

39. Filing Instructions

- ☐ No lost time and no medical expense: Place this form in employee's medical file
- ☒ No lost time, medical expenses incurred or expected: forward this form to OWCP
- ☐ Lost time covered by leave, LWOP, or COP: forward this form to OWCP
- ☐ First Aid Injury

The supervisor's email address should be entered in this field.

View Claim

Submit Claim

Cancel

Exit

Record: 1/1

Warning: Applet Window

Emp. Data Injury Emp. Signature Witness Sup Rpt 1 Sup Rpt 2 Sup Rpt 3 Sup Rpt 4 Safety Data Sup Signature

38. A supervisor who knowingly certifies to any false statement, misrepresentation, concealment of fact, etc., in respect of this claim may also be subject to appropriate felony criminal prosecution.

I certify that the information given above and that furnished by the employee on the reverse of this form is true to the best of my knowledge with the following exception:

Was an on-site investigation conducted?

☐ Yes

What was the

Name of Supervisor: SU

Last

Middle Name

Signature of supervisor:

Date signed:

MM-DD-YYYY

04-13-2006

Supervisor's Title

Supervisor's Email Address:

Supervisor's Office phone number

SUPERVISOR

supv@agency.gov

1234567890

Required Submission

What would you like to do?

View Claim for Printing and Submit to ICPA

View Draft Copy of Claim to Verify Data

view Claim

Submit Claim

Cancel

Exit

Emp. Data Injury Emp. Signature Witness Sup Rpt 1 Sup Rpt 2 Sup Rpt 3 Sup Rpt 4 Safety Data Sup Signature

The ***View Claim for Printing and Submit to ICPA*** option allows the claim to be viewed and printed as a .pdf file and then sent to the ICPA without any further action by the user.

The ***View Draft Copy of Claim to Verify Data*** option allows the claim to be viewed and printed as a .pdf file but the user must then select the **Submit Claim** button to send the claim to the ICPA.

Signature of supervisor:

Date signed: 04-13-2006

Supervisor's Title

Supervisor's Email Address:

Supervisor's Office phone number

SUPERVISOR

supv@agency.gov

1234567890

Required Submission

What would you like to do?

View Claim for Printing and Submit to ICPA

View Draft Copy of Claim to Verify Data

view Claim

Submit Claim

Cancel

Exit

Acrobat Reader - [rwservlet[2].pdf]

File Edit Document Tools View Window Help

97%

1 of 8 10 x 11 in

Review the claim. If the information is correct, select the print icon and print the claim. The employee, supervisor, and witness should then sign their portion. The signed copy is forwarded to the ICPA for record retention.

**Federal Employee's Notice of Traumatic Injury and Claim for Continuation Pay/Compensation**

Employee: Please complete all boxes 1 - 15 below. Do not complete shaded areas.  
Witness: Complete bottom section 16.  
Employing Agency (Supervisor or Compensation Specialist): Complete shaded boxes a, b, and c.

100036337

**Employee Data**

1. Name of Employee (Last, First Middle Suffix)			2. Social Security Number		
SMITH JOHN			111111111		
3. Date of Birth	4. Sex	5. Home Telephone	6. Grade as of date of injury		
01/01/1960	MALE	123456789	Level WG10 Step 05		
7. Employee's home mailing address (include city, state, and ZIP code)			8. Dependents		
123 MAIN STREET			<input type="checkbox"/> Wife, Husband		
ANYTOWN FL 32006			<input type="checkbox"/> Children under 18 year		
			<input type="checkbox"/> Other		

**Description of Injury**

9. Place where injury occurred (e.g. 2nd floor, Main Post Office Bldg., 12th & Pine)  
MAIN OFFICE BUILDING, 1223445 WORK STREET, ANYTOWN FL  
FLEMING ISLAND FL

10. Date injury occurred	11. Date of this notice	12. Employee's job title
01/20/2005 02:30 PM	01/20/2005	MAIL CLERK

13. Cause of injury (Describe what happened and why)  
I WAS WALKING DOWN THE STAIRS AND I TRIPPED AND FELL



# **SUMMARY OF SUPERVISOR ACTIONS**

- **Supervisor accesses the EDI application through the “Filing Claims Electronically” link on the ICUC Web page.**
- **Supervisor enters the SSN and Date of Birth of the employee and selects whether a CA-1 or CA-2 will be filed**
- **Employee information is entered onto the form**
- **Witness information is entered (if applicable)**
- **Supervisor enters required information in Supv portion of the form**
- **The form is printed. The employee, witness and supervisor sign their respective sections.**
- **“Submit Claim” button is selected and claim is sent electronically to the ICPA.**
- **Signed claim form is sent to the ICPA to be retained in the file**

# QUESTIONS?



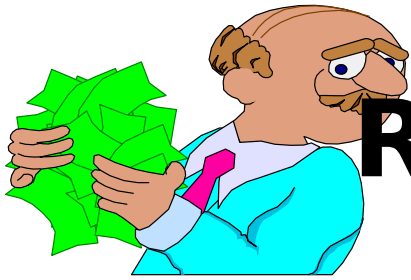
# TIME AND ATTENDANCE





# **ORGANIZATION RESPONSIBILITIES**

- **Ensure timekeepers and time and attendance certifiers have been properly trained.**
- **All supporting documentation is available for audit purposes.**
- **Ensure timekeepers and time and attendance certifiers make every effort to correct errors prior to electronic certification.**



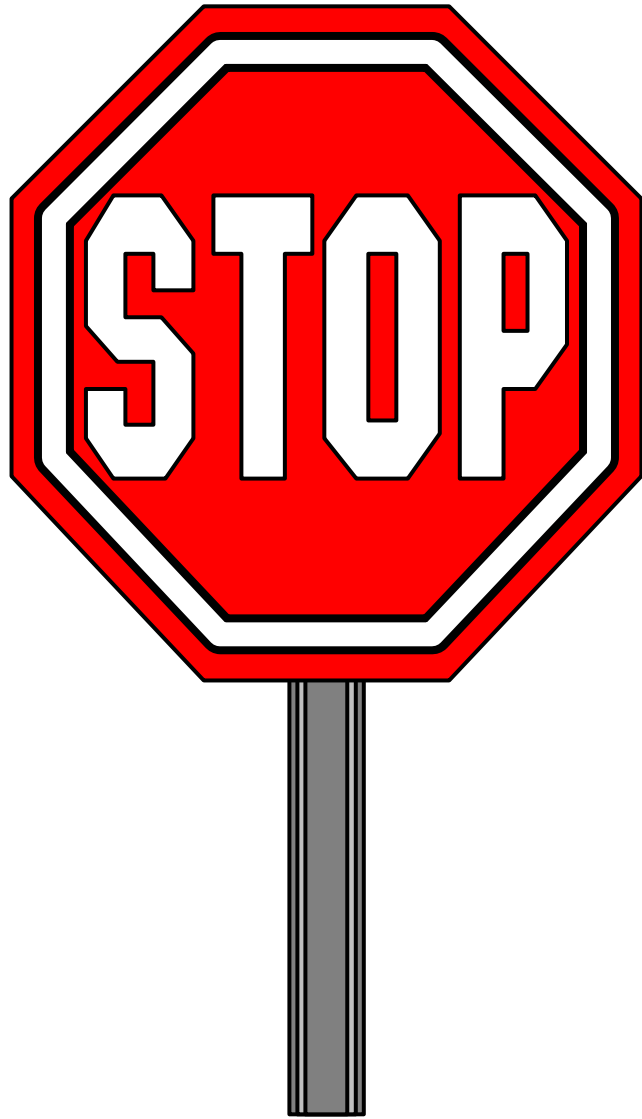
# **SUPERVISOR'S RESPONSIBILITIES**

- **Timely and accurate preparation, certification, and submission of time and attendance (T&A).**
- **May assign checking of daily attendance and posting of T&A to a timekeeper (and alternate).**
- **Assignment of these duties does not relieve the supervisor of the responsibility for the accuracy of the time and attendance to which he or she certifies.**
- **Spot checks attendance by personal observation.**
- **Should inform the timekeeper when an employee is on leave and type of leave and/or if they have worked any credit hours, comp time, etc.**



# **TIMEKEEPER RESPONSIBILITIES**

- **Record all exceptions to the employee's attendance and leave on a daily basis**
- **Ensure employees either initial the T&A input document or sign an OPM 71 "Application for Leave"**
- **Ensure all postings for overtime, credit hours or compensatory time earned have been approved.**
- **Record time and attendance in blue or black indelible ink.**
- **If employee is unavailable when timecards are turned in, they should turn in a OPM 71 upon returning to work.**



# DON'T

- **Use pencil**
- **Use erasable ink**
- **Red ink**
- **Whiteout**
- **Erase mistakes**
- **Use felt tip pens**
- **Scribble out mistakes**



# CORRECTIONS

Correct errors on timecards BY DRAWING A **SINGLE LINE** through the incorrect entry and posting the correct data.

- **ALL** corrections will be initialed by the **SUPERVISOR** or other **DESIGNATED** representative authorized to act as an **ALTERNATE CERTIFIER** at the end of the pay period.



# ITEMS TO LOOK FOR BEFORE YOU SIGN



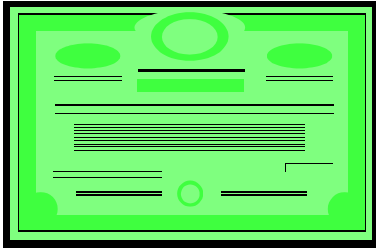
- Employee's ***INITIALS*** OR OPM 71 ATTACHED - Corrections ARE INITIALED
- Correct amount of hours charged.
- Correct Leave category charged.
- If credit hours are earned - insure copy of approval is attached to time card
- If comp time/overtime is worked - approval document is attached to timecard.



# CONFIRMATION OF LEAVE

- **Employees must officially confirm each leave charge, except for administrative leave, AWOL charges, suspension or holiday absences.**
- **All leave types are charged to the employee either by whole days, whole hours or fractional hours.**

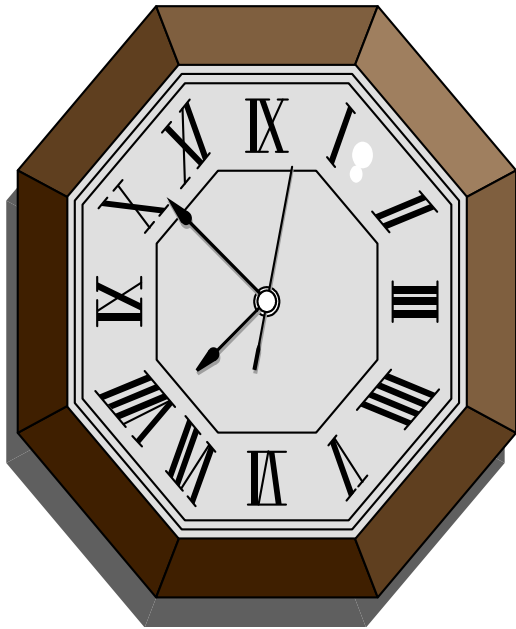
***NOTE: Must be charged in whole hours for NAIL Bargaining Unit Employees.***



# **TIME AND ATTENDANCE CERTIFICATION**

- **Each employee's time and attendance report shall be certified by the employee's supervisor, or other designated representative authorized to act as an alternate certifier at the end of the pay period.**
- **Certification shall not ordinarily be made earlier than the last workday of a pay period.**
- **However, if required by DFAS, anticipated leave shall be requested on an OPM 71 prior to end of pay period and taking leave.**

# **COMPRESSED WORK SCHEDULES**



- **Change Tours in Advance**
- **Must have 80 hours to receive full pay and benefits**

# EXERCISE



EMPLOYEE ID	BLK/GRP	ACT	ORG	EMPLOYEE NAME	PLT ROT	PERIOD ENDING	SEQ NO
23-45-6789	2401	WOUVAA	36	Virginia Woodard		03-08-03	
STD JON	TKAA MK111GM				HRS WORK	0800 - 1630	TDC

TOUR	AWS	SUN	MON	TUE	WED	THR	FRI	SAT	SUN	MON	TUE	WED	THR	FRI	SAT
1			8:00	8:00	8:00	8:00	8:00			8:00	8:00	8:00	8:00	8:00	
TYP/SFT			RG 0	RG 0	RG 0	RG 0	RG 0			RG 0	RG 0	RG 0	RG 0	RG 0	
GRADED ND															

JOB ORDER NUMBER	TYPE	HR	WEEK	SUN	MON	TUE	WED	THR	FRI	SAT	INIT
DE	LS		1		8 00	8 00					
			2								
			1								
			2								
			1								
			2								
			1								
			2								
			1								
			2								
			1								
			2								
			1								
			2								
			1								
			2								

REG	OT	COMP	HOL	SUN	2ND	3RD	ND	E/H	LV	NP/LV
-----	----	------	-----	-----	-----	-----	----	-----	----	-------

WK1	IN	OUT	IN	OUT	IN	OUT	WK2	IN	OUT	IN	OUT	IN	OUT	REMARKS:
SUN							SUN							
MON							MON							
TUE							TUE							
WED							WED							
THU							THU							
FRI							FRI							
SAT							SAT							

CERTIFICATION: ATTENDANCES AND ABSENCES CERTIFIED CORRECT. OVERTIME APPROVED IN ACCORDANCE WITH EXISTING LAWS AND REGULATIONS FOR NON-EXEMPT FLSA. I DID NOT SUFFER OR PERMIT ANY OVERTIME WORK OTHER THAN AS REPORTED FOR THIS PAY PERIOD.

10/13/04

## Virginia Woodard

[illegible]

TOUR (WK 1)

TYP HRS/SFT

NIGHT DIFF

TOUR (WK 2)

TYP HRS/SFT

NIGHT DIFF

TYP					E/H		LST	TEM	NIGHT	INJ	ALT	
AC	WK	DY	HR	HOURS	JOB	ORDER	OTH	HR	SFT	DIFF	NO	IDC

A	1	2	LS	8.00
---	---	---	----	------

<u>A</u>	<u>1</u>	<u>3</u>	<u>LS</u>	<u>8.00</u>
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9001 REQUIRED FIELD(S) NOT ENTERED

$$MA + a$$

03/032



EMPLOYEE ID | BLK/GRP | ACT | ORG | EMPLOYEE NAME | PLT ROT | PERIOD ENDING | SEQ NO |  
098-76-5432 | 2401 | WOUVAA | 36 | Jimmy Clark | | 03-22-03 |

STD JON | TKAAMK111GM | HRS WORK | 0800 - 1630 | TDC |  
TOUR | AWS | SUN | MON | TUE | WED | THR | FRI | SAT | SUN | MON | TUE | WED | THR | FRI | SAT |  
TYP/SFT | 1 | | 8:00 | 8:00 | 8:00 | 8:00 | 8:00 | | | 8:00 | 8:00 | 8:00 | 8:00 | 8:00 | |  
GRADED ND | | | RG 0 | RG 0 | RG 0 | RG 0 | RG 0 | | | RG 0 | RG 0 | RG 0 | RG 0 | RG 0 | |

JOB ORDER NUMBER	TYPE	WEEK	SUN	MON	TUE	WED	THR	FRI	SAT	INIT
	LM	1		8 00	8 00	8 00	8 00	8 00		
		2								
	LC	1								
		2				4 00				
		1								
		2								
		1								
		2								
		1								
		2								
		1								
		2								

Answer

REG	OT	COMP	HOL	SUN	2ND	3RD	ND	E/H	LV	NP/LV
WK1	IN	OUT	IN	OUT	IN	OUT	IN	OUT	IN	OUT
SUN										
MON										
TUE										
WED										
THU										
FRI										
SAT										
WK2	IN	OUT	IN	OUT	IN	OUT	IN	OUT	IN	OUT
SUN										
MON										
TUE										
WED										
THU										
FRI										
SAT										

REMARKS:

CERTIFICATION: ATTENDANCES AND ABSENCES CERTIFIED CORRECT. OVERTIME APPROVED IN ACCORDANCE WITH EXISTING LAWS AND REGULATIONS FOR NON-EXEMPT FLSA. I DID NOT SUFFER OR PERMIT ANY OVERTIME WORK OTHER THAN AS REPORTED FOR THIS PAY PERIOD.





V04.30

T&amp;A TIMECARD FORMAT 1

10/13/04

SITE ID	TAG	ACT	ORG	EMPLOYEE ID	DATE	NAME				
						<b>Jimmy Clark</b>				
SUP DATE	EFF		EMP STA CD	GR/UNGR	IDC	EMP TYP CD				
SCD DATE	EFF		TA STA CD	JON						
		SUN	MON	TUE	WED	THU	FRI			
						SAT				
							PLTN ROT			
TOUR (WK 1)										
TYP HRS/SFT										
NIGHT DIFF										
TOUR (WK 2)										
TYP HRS/SFT										
NIGHT DIFF										
AC	WK	DY	TYP	HOURS	JOB ORDER	E/H LST	TEM	NIGHT	INJ	ALT
						OTH HR	SFT	DIFF	NO	IDC
A	1	2	LM	8.00						
A	1	3	LM	8.00						
A	1	4	LM	8.00						
A	1	5	LM	8.00						
A	1	6	LM	8.00						
A	2	5	LC	4.00						
-	-	-	-	-						
-	-	-	-	-						

9001 REQUIRED FIELD(S) NOT ENTERED

MA + a

03/032

# QUESTIONS?



# Human Resource Development

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## for Supervisors



# COURSE OBJECTIVES

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- Provide overview of civilian training rules and requirements.
- Prepare managers to properly approve civilian training requests.
- Provide required certification to allow managers to approve civilian training

# PURPOSE OF TRAINING

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- To improve individual performance
- To improve organizational performance
- To assist in achieving the organization's mission and performance goals

# RULES AND REGULATIONS

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- Title 5, USC, Chapter 41
- CFR 5, Part 410, Training
- OPM Training Policy Handbook
- Government Employee Training Act
- AR 690-400, Chapter 410, Training
- PERMISS
- Organization's Policy

# DELEGATED AUTHORITY

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- Commanders may delegate authority to approve training for civilian employees
- Delegation must be in writing
- Recommend delegation to 2nd line supervisors

# DELEGATED AUTHORITY

---

- Cannot be transferred or re-delegated
- Valid only while you encumber a position to which authority is delegated
- You are accountable to your Commander, Director, or Superintendent



# MERIT SYSTEM PRINCIPLES

---

Adapted from 2301(b) of Title 5 USC

- Treat employees and applicants fairly and equitably
- Educate and train employees if it will result in better organizational or individual performance

# PROHIBITED PERSONNEL PRACTICES

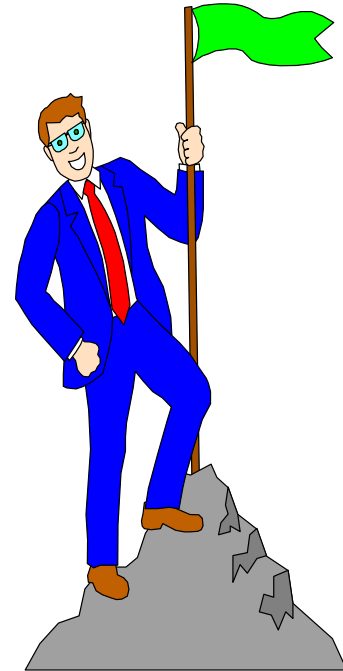
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- Adapted from 2302(b) of Title 5 USC
  - Illegally discriminate for or against any employee/applicant
  - Give unauthorized preference or improper advantage
  - Violate any law, rule, or regulation which implements or directly concerns the merit principles

# PLANNING - INDIVIDUAL DEVELOPMENT PLANS

---

- IDPs - Highly recommended for all employees (expected to become mandatory)
- Part of performance counseling
- The CHRTAS IDP is available for all employees (<https://www.atrrs.army.mil/channels/chrtas/default.asp>)



# REQUIRED TRAINING

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- Computer Security
- Ethics
- Prevention of Sexual Harassment
- Information Awareness
- SAEDA
- Substance Abuse Prevention and Awareness
- NO FEAR
- Constitution Day / Citizenship Day
- CES (Basic, Interm, Adv)
- Installation & Environ Occupational Safety
- Suicide Prevention
- HR For Supervisors

# APPROVAL CONSIDERATIONS

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Managers with delegated authority may approve training that is mission related:

- Supports Strategic Plan
- Improves current job performance
- Enables performance of needed duties at same level of responsibility
- Meets organizational needs/HR plans for downsizing, re-engineering, etc.

# NON - GOVERNMENT TRAINING APPROVAL

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- Prior Approval Required
- Disapprove late requests
- Employees responsible for training costs if they fail to get prior approval
- Exception:  
If due to administrative error

# TRAINING APPROVAL

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Self review  
is a conflict  
of interest



# AUTHORIZING FUNDS FOR TRAINING

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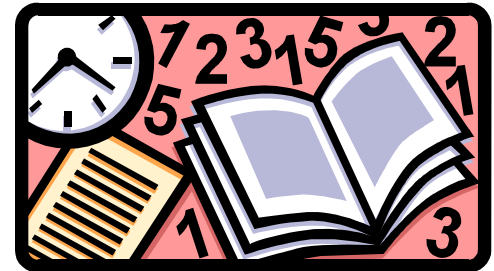
- Expenses necessary for the training:
  - Tuition and related fees
  - Books and materials
  - Travel and per diem
- Equipment may not be purchased via training form



# EMPLOYEE RESPONSIBILITIES

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- Employees are required to successfully complete approved training
- Failure to do so may result in employee having to reimburse the government



# ADVANCED PAYMENT FOR TRAINING

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- If required, Government charge card is preferred method of advance payment
- DFAS can also process payment in advance
- Protect Government interests:
  - 1) Cancel within deadline for refund
  - 2) Follow up to get refund

# PURCHASING GROUP TRAINING

---

Training must be:



- Off-the-shelf (not designed for your agency)
- Available to the public
- Priced for entire group limited to \$25,000 or less
- An established price

# PURCHASING GUIDELINES

## (for groups)

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- Use SF 182 or Learning Management System as source document for Government Purchase Card
- If cost exceeds \$2,500, show cost comparison - look at 3 or more sources



# TRAINING REGISTRATION & APPROVAL (CHRTAS)

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- Civilian Human Resources Training Application System (CHRTAS)
- Registration System for many courses sponsored by CPACs and Regional HRD Division
- Records training completions to ATRRS and DCPDS
- Registration, Supervisor approval, and space confirmation done online and through email

# STANDARD FORM (SF) 182

## ARMY'S TRAINING AUTHORIZATION FORM

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- Usage began calendar year 2008
- Includes all DoD components
- Supervisors can use either paper or electronic version or an online training registration system (i.e. CHRTAS)
- Ensures proper data is reported to OPM and OMB
- Employees Agreement to continue in Service
- Army Regulation-AR 690-400 Chapter 410, Subchapter 6-4



# SF 182

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- I **AGREE** that upon completion of the Government sponsored training described in this authorization, if I receive salary covering the training period, I will serve in the agency three (3) times the length of the training period. If I receive no salary during the training period, I agree to serve the agency for a period equal to the length training, but in no case less than one month. (The length of part-time training is the number of hours spent in class or with the instructor. The length of full-time training is eight hours for each day of training, up to a maximum of 40 hours a week).
- If I voluntarily leave the agency before completing the period of service agreed to in item 1 above, I AGREE to reimburse the agency for fees, such as the tuition and related fees, travel, and other special expenses (EXCLUDING SALARY) paid in connection with my training. These fees are reflected in Section C Costs and Billing Information. NOTE: Additional information about fees and expenses can be found in the guide to Human Resource Reporting (GHRR).  
<http://www.opm.gov/feddata/ghrr/index.asp>
- I FURTHER AGREE that, if I voluntarily leave the agency to enter the service of another Federal agency or other organization in any branch of the Government before completing the period of service agreed, I will give my organization written notice of at least ten working days during which time a determination concerning reimbursement will be made. If I fail to give this advance notice, I AGREE to pay the full amount of additional expenses 5 U.S.C. 4108 (a) (2) incurred by the Government in this training.

# CONTINUED SERVICE AGREEMENTS

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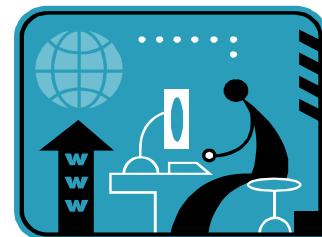
- Required for Government Training in excess of 80 hrs in a single program
- Obligation is at least three times the length of the training
- If no salary received during training, obligation is for a period equal to the length of training
- Employee must notify agency in writing 10 days or more in advance of leaving



# REPORTING TRAINING

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- Learning Management Systems  
(i.e. CHRTAS, TEDS, CEFMS, etc.)
- Organizational Training  
Coordinators using SF 182
- G1 CHRA Regional HRD Divisions  
or CPACs using SF 182
- Individual updates or Mass  
spreadsheet updates available
- Contact CPAC or Regional HRD  
Office for Assistance



# MANDATORY USE OF e-LEARNING

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- DA Memo 8 Jan 07 - Mandates use of Army e-Learning for Information Technology training (expires Jan 09)\*
- DA centrally funds this computer/Web-based courseware accessible via AKO
- Exceptions requested by GO/SES
- Exceptions must be approved by the DA Chief Information Officer in G-6.

\* - still in effect

# NSPS TRAINING

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- Mandatory Training for Army personnel converting to NSPS:
  - Supervisors: 2-day course
  - Employees (non-bargaining unit only): 1-day course
  - All: NSPS 101 online DoD course
- DoD Web course - *Pay Pools, Performance, and You, and iSuccess* (<http://www.cpms.osd.mil/nsps/>)
  - for all employees
- Army e-Learning offers some web-based courses that support NSPS competencies

# ACADEMIC DEGREE TRAINING

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- Clarification Memo dated 20 July 2006
- Exceptions include:
  - Army Comptrollership Program or Senior Service Colleges, DSLDP, DAWIA
- Must be related to official duties
- Objective: obtain an academic degree
- Submit request through Command channels as outlined in above memo



# ACADEMIC DEGREE TRAINING

---

- Must contribute significantly
- Must be part of an agency planned program
- Must be from an accredited institution
- Must be consistent with merit principles
- Facilitates use of online degree training where practicable

# LONG-TERM TRAINING (LTT)

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- Definition: full time training in excess of 120 calendar days
- Requires competitive selection
- Must be approved by installation/activity Commander

# UNAUTHORIZED TRAINING

---

- Reward
- Violate merit principles
- Degree attainment unless program supported
- Approved after start date

# TYPES OF TRAINING

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- On-the-Job Training (OJT)
- Professional Development
- Classroom Training
- Rotational Assignments
- Special Projects
- Video Tele-Training

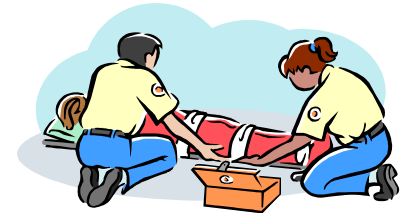




# PROFESSIONAL CREDENTIALS

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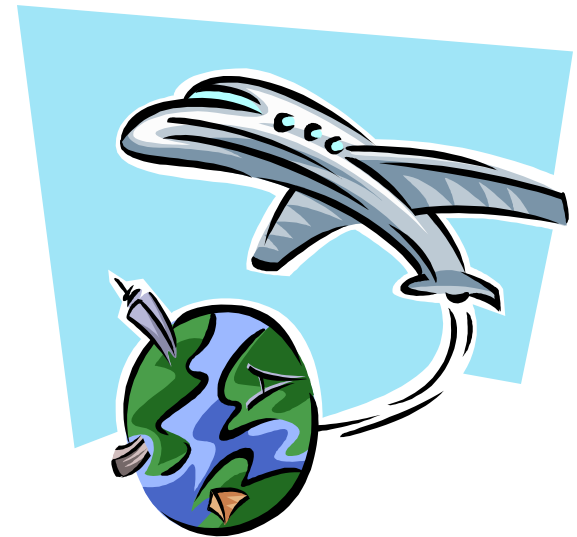
- Must be beneficial to enhanced job performance
- Must support management objectives
- Must:
  - Comply with DOD Guidance
  - Meet Collective Bargaining Obligations
  - Be consistent with Merit System Principles



# TRAINING BY FOREIGN GOVERNMENT/ORGANIZATION

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- Requires DA Approval
- Submit request for approval 60-90 days prior to travel or training



# ATTENDING CONFERENCES

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Managers may use their training approval authority to send employees to conferences - must meet specific requirements

# ACCEPTING OUTSIDE CONTRIBUTIONS

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- Must be approved by Commander
- Check with Ethics Officer
- Non-profit organization
- No conflict of interest
- Not a reward for services
- Employees may not make a profit

# OVERTIME PAY FOR TRAINING

## (When covered by TITLE 5 only)

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- Training provided to employee already entitled to premium pay
- Training can only be provided at night
- Paying PP will save government money
- Regularly scheduled standby duty or administratively uncontrollable overtime
- OPM exception

# OVERTIME PAY FOR TRAINING

## (When also covered by FLSA)

---

- Directed to participate to improve performance in current job
- Performance or retention will be adversely affected if they don't receive this training
- Overtime is not appropriate for employees in developmental programs

# DEFENSE SENIOR LEADER DEVELOPMENT PROGRAM (DSLDP)

---

- DSLDP
  - Replaces DLAMP
  - Centrally funded
  - 2-year program for GS-14/15  
or equivalent
  - See ACTEDS announcement for more info

<http://cpol.army.mil/library/train/catalog/ch04dsldp.html>

# Civilian Leader Development Overview

Pay Band 1		Pay Band 2			Pay Band 3	
GS-5/7/9	GS-11	GS-12	GS-13	GS-14	GS-15	
NAF 1/2/3	NAF 4			NAF 5		
<div>Progressive and Sequential education</div>				DOD Defense Senior Leader Development Program (DSLDP)		
				Senior Service School		
				Continuing Education for Senior Leaders (CESL)		
				Advanced Course (AC) – DL & Resident		
				Manager Development Course (MDC) – DL		
				Intermediate Course (IC) – DL & Resident		
				Basic Course (BC) – DL & Resident		
				Supervisor Development Course (SDC) – DL		
				Action Officer Development Course (AODC) – DL		
				Foundation Course (FC) – DL <i>For ALL new Army civilians</i>		
Communities of Practice Available at Each Level						

*Pay bands based on supervisory responsibility*



# Civilian Education System

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- Foundation Course (FC) DL
- Action Officer Development Course (AODC) DL
- Supervisory Development Course (SDC) DL
- Basic Course (BC) DL and Resident
- Intermediate Course (IC) DL and Resident
- Manager Development Course (MDC) DL
- Advanced Course (AC) DL and Resident
- Continuing Education for Senior Leaders (CESL)  
DL

# Online Courses

Distributed Learning (DL) Available Through the Web

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## Supervisor Development Course

- Provide supervisors and managers with civilian administration skills such as work management and basic supervision
- Required for employees in supervisory and managerial positions

## Manager Development Course

- Assist supervisors and managers with basic skills for managing work and leading people
- Recommended for all civilians in supervisory and managerial positions

## Action Officer Development Course

- Developed for civilians who “work actions” on behalf of senior staff officers or commanders
- Required for interns before completion of the intern program

# Foundation Course

57 Hours Distributed Learning (DL)

The purpose of this course is to assist DA Civilians understand and appreciate Army values and customs, serve professionally as a member of the Department of the Army, and acquire foundation competencies for leader development

Know Army  
leadership and  
doctrine

Organize daily  
activities

Apply the skills for  
increasing self-  
awareness

Know how to build  
teams and practice  
group dynamics

Comprehend  
career progression  
for DA civilians

Meet DA  
administrative  
requirements

Apply effective  
communication  
principles

# Basic Course

**Two Weeks Resident, 34 Hours DL**

The purpose of this course is to assist DA Civilians understand and apply basic leadership skills to lead and manage small teams successfully, apply effective communication skills, demonstrate internal and external awareness, and develop and mentor subordinates

Apply  
leadership  
skills

Comply  
with  
applicable  
laws

Improve self  
and  
subordinates

Demonstrate  
leader  
attributes

Manage mission  
accomplishment

# Intermediate Course

**Three weeks resident, 91 hours distributed  
Learning (DL)**

---

The purpose of this course is to assist DA Civilians manage human and financial resources, implement change, direct program management and systems integration, display flexibility, resilience, and focus on mission

Develop leader attributes

Develop management  
skills

Develop improved  
communication skills

Generate mission  
accomplishment

Prepare an organization  
for the future

# Advanced Course

**Four weeks resident, 67 hours distributed Learning (DL)**

The purpose of this course is to assist DA civilians become skilled in leading a complex organization, manage human and financial resources, lead change, inspire vision and creativity, direct program management and systems integration, display flexibility, resilience, and focus on mission

Lead people in a complex organization

Lead a complex organization inspiring vision and creativity

Operate within an environment of integrated systems with a focus on mission

# Registration

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**Log into CHRTAS -**

**<https://www.atrrs.army.mil/channels/chrtas/default.asp>**

**Select Civilian Education System**

# Training Role & Responsibilities for Managers

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- Be familiar with basic training regulations & laws
- Assess training needs of organization
- Report training needs in training needs survey
- Include training in organization's strategic plan
- Budget/commit funds for training
- Enforce mandatory training requirements
- Ensure new Supervisors complete mandatory training

(continued)



# Training Role & Responsibilities for Managers

---

- Develop an IDP for each employee
- Develop Training plans for Interns, VRA, etc.
- Counsel employees on career development
- Review LTT and Leader Dev applications and route to proper destination
- Provide new employee orientation
- Report completed training to Organizational Training Coordinator or G-1 CHRA HRD Division

(continued)

# Training Role & Responsibilities for Managers

---

- Evaluate completed training
- Maintain Training documentation for:
  - Delegation of Authority to Approve Training
  - Purchase of Training
  - Training for Placement
  - Academic Degree Training
  - Continued Service Agreements
  - Recovery and waiver of training expenses
  - Acceptance of contribution, award or payment

# Other Leadership Training

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- Offered by - USDA Graduate School [http://www.grad.usda.gov/index.php?option=com\\_content&task=view&id=188&Itemid=200](http://www.grad.usda.gov/index.php?option=com_content&task=view&id=188&Itemid=200)
- **Aspiring Leader Program (GS 5-7) (ALED7200L)**  
Strengthen core competencies, this program is designed to develop future public service leaders by providing individuals at the GS 5-7 levels with foundational leadership practices that are essential to your growth and success. This program is delivered in three, one-week seminars over a period of two months in Washington, D.C.
- **New Leader Program (GS 7-11) (NLED7300L)**  
The New Leader Program (NLP) is a six-month leadership development program designed to develop future public service leaders by providing a solid training and development foundation of leadership skills and team building, which are enhanced by agency developmental experiences.
- **Executive Leadership Program (GS 11-13) (ELPG9000L)**  
The Executive Leadership Program (ELP) is a 9-month nationwide program open to individuals at the GS 11-13 levels who have little or no supervisory experience. ELP provides various career planning, which gives participants the skills, experience and exposure to move into positions of more responsibility.

# BARRIERS

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Lack of reinforcement

Interference from the work  
environment

Non-supportive  
organizational culture

Trainee discomfort with  
making a change

Weak initial learning by  
the trainee

# ASSESSING ORGANIZATIONAL NEEDS

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- Organization's Strategic Plan
- New policy & regulations
- New equipment
- Organization structure changes
- Mission change
- How will loss of personnel impact training?

# ASSESSING INDIVIDUAL NEEDS

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- Review job description
- What are the needed skills?
- How well / job standards
- Assess employee performance
- Communicate areas for improvement
- Career Development

# TRAINING SOURCES

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- **Army AKO-Self Service / My Education**
- **IT Training - SkillPort**

**<https://www.us.army.mil/suite/portal/index.jsp>**

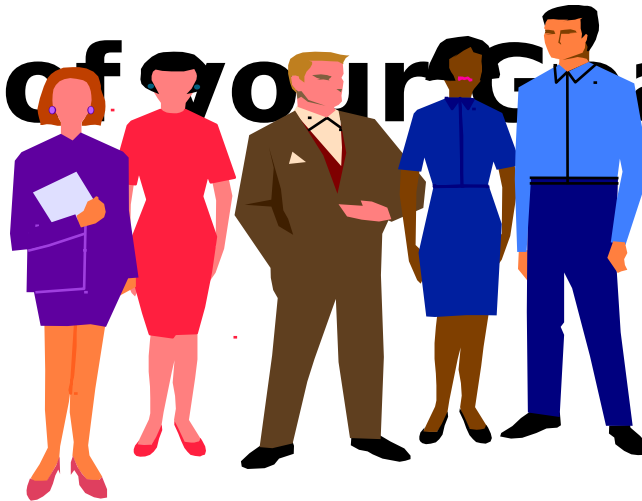
**<http://usarmy.skillport.com>**

- **OPM-Government Online Learning Center**  
**<http://www.golearn.gov/>**



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**Training is an  
Investment in  
Excellence. Make  
Continuous Learning  
one of your Goals.**





# COURSE OBJECTIVES

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- Provide overview of civilian training rules and requirements.
- Prepare managers to properly approve civilian training requests.
- Provide required certification to allow managers to approve civilian training

Thank you!